



# Montgomery County Fire and Rescue Service Division of Operations

## Emergency Medical and Integrated Healthcare Services

### *Office of Medical Oversight Clinical Practice Guideline*

<b>Title:</b>	<b>Advanced Airway Management</b>	<b>Number:</b>	2024 – 06
<b>Date:</b>	August 5, 2024		
<b>Issued by:</b>	Roger M. Stone MD, MS – MCFRS Medical Director		
<b>Purpose:</b>	To establish advanced airway management procedures		
<b>Target Patient Population:</b>	All patients in cardiac arrest and patients requiring advanced airway management		
<b>Guideline:</b>	<p><b><u>Background</u></b></p> <ul style="list-style-type: none"> <li>• Airway management is an essential component of out of hospital cardiac arrest (OHCA) resuscitation.</li> <li>• Increased number of intubation attempts during OHCA resuscitation is associated with lower likelihood of favorable neurologic outcome.</li> <li>• Recent clinical trials conclude that placement of an extraglottic airway during OHCA is associated with equal or better patient outcomes when compared to endotracheal intubation.</li> <li>• For the purposes of this CPG, an “attempt” is defined as any advanced airway maneuver. This includes insertion of a laryngoscope, endotracheal tube or extraglottic airway into the patient’s mouth or nose.</li> </ul> <p><b><u>Procedure</u></b></p> <ul style="list-style-type: none"> <li>• All cardiac arrest patients will receive at least one attempt at advanced airway management with either an extraglottic airway or an endotracheal tube.</li> <li>• No patient will undergo more than one (1) endotracheal intubation attempt. The attempt must not exceed 60 seconds.</li> <li>• Except in cases of foreign body airway obstruction, all intubation attempts must be made via video laryngoscopy (VL) and personnel must use the AIRTRAQ PREP CHECKLIST (see page 2; these are affixed to the packaging of each VL blade).</li> </ul> <p><b><u>Timing</u></b></p> <ul style="list-style-type: none"> <li>• In suspected cardiogenic/arrhythmic OHCA cases, advanced airway placement is deemphasized until after completion of the on-scene resuscitation requirements listed in the Maryland Medical Protocol (3.4). In the event of ROSC prior to completion of the on-scene resuscitation requirements, an advanced airway should be placed prior to patient movement if clinically indicated.</li> <li>• In suspected traumatic and hypoxic/asphyxial OHCA cases, advanced airway placement is emphasized earlier in the resuscitation, but it must not interfere with other treatment priorities such as the OHCA floor of care, medications, and procedures.</li> </ul> <p>Questions may be directed to any assigned EMS Duty Officer.</p>		



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- NO DESAT**
- Suction ready**
- Blade light on**
- Channel lubricated**
- Tube in channel**
- Tip not beyond end of channel**
- Bougie in tube**
- Attach camera**
- Recording on**

**SUCTION AIRWAY VIGOROUSLY**

**AND DEEPLY prior to attempt**

**Airtraq in LEFT hand**

**Suction wand in RIGHT**

**Maximum 60 second attempt**