

Monterey County EMS System Policy



Policy Number: 4502
Effective Date: 7/1/2025
Review Date: 6/30/2027

AIRWAY MANAGEMENT

I. PURPOSE

To establish procedures for Monterey County Emergency Medical prehospital personnel in managing adult and pediatric airways.

II. POLICY

- A. Management of the patient's airway is to follow the guidance contained in this policy.
- B. The airway should be managed with the least invasive procedure that is adequate to maintain an open airway and allows adequate pulmonary ventilation. End-Tidal CO₂ reading should be less than 60 (when capnography is used) to ensure adequate pulmonary ventilation.
- C. BLS personnel trained to the First Responder or EMT level may utilize suctioning, nasal-pharyngeal and oral-pharyngeal airways, and bag-valve-mask devices to maintain ventilation and airway. EMT-Expanded Scope authorized personnel may also use approved adult supraglottic airways.
- D. ALS personnel may use all approved BLS methods and equipment, laryngoscopy, Magill forceps, endotracheal tubes, supraglottic airways, and needle cricothyrotomy to provide ventilation and airway management.
- E. Correct placement of an endotracheal tube or supraglottic airway must be confirmed by auscultation for the presence of lung sounds, the absence of epigastric sounds, and through the use of capnography.
- F. No more than 2 attempts at endotracheal intubation shall be made on any patient without base hospital physician approval.
- G. No more than 2 attempts at supraglottic airway placement shall be made on any patient without base hospital physician approval.
- H. ALS Service Providers shall report the number of intubation and supraglottic airway attempts and the number of successful intubations and supraglottic airway placements monthly to the EMS Medical Director. Nasotracheal intubation is not an approved skill in Monterey County.
- I. Attempts at endotracheal intubation or supraglottic airway placement should not take longer than 30 seconds. CPR, if being performed, should not be interrupted for longer than 10 seconds for tube placement.
- J. Methods to confirm endotracheal tube or supraglottic airway placement are to be documented on the PCR.
- K. A cervical collar should be placed after endotracheal intubation to help limit head movement and possible tube displacement.

- L. Needle cricothyrotomy is a rarely utilized but potentially life-saving intervention that can be performed to establish a patent airway for adult and pediatric patients (greater than 1 year of age) with a complete airway obstruction that cannot be resolved using less-invasive techniques. Needle cricothyrotomy is contraindicated if the patient can either breathe spontaneously or can be adequately ventilated. Since establishment of an airway is critical to patient survival, up to three attempts may be performed by ALS providers if needed.

III. PROCEDURE

- A. See Protocol R-1 Airway Management for adult patients.
- B. See Protocol RP-1 Airway Management-Pediatric for pediatric patients.

END OF POLICY