



PROTOCOL

Provider order required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE:	FAILED AIRWAY
STATEMENT:	This protocol will serve to provide a distinct process for recognizing and managing a failed airway. The failed airway can arise during any point within airway management. Regardless of the circumstances leading to the airway failure, a deliberate approach must be used to ensure that oxygenation is preserved, and that the airway is ultimately secured.
PROTOCOLS:	FAILED AIRWAY
SCOPE:	BLS, ALS, Critical Care
RELATED DOCUMENTS:	Scope of Practice General Medical Medical Control Airway Management Pain Management and Anxiolysis Mechanical Ventilation (Adult, Pediatric, Neonatal)

Provider order required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROTOCOL I:	FAILED AIRWAY
CRITERIA FOR INTERVENTION:	All Magic Valley Paramedic's patients where a failed airway is identified. A failed airway exists when there is an inability to intubate the patient, even with a single attempt.

CLINICAL TREATMENT GUIDELINES:

- I. If the airway can be adequately managed utilizing BLS techniques; continue BLS technique
- II. Consider Adjunct Airway (King, LMA)
 - a. If predicted or proven to be ineffective:
 - i. Return to BLS techniques if previously effective
- III. Advance to cricothyrotomy procedure if BLS techniques are ineffective
 - a. Refer to Surgical or Needle Cricothyrotomy Procedure, as appropriate with the following criteria:
 - i. Inability to Oxygenate and Inability to Ventilate
- IV. If Successful:
 - a. Advance to [Pain Management and Anxiolysis Protocol](#)
 - b. Advance to appropriate Mechanical Ventilation Protocol, if within scope
 - i. If Mechanical Ventilation is not within scope Bag Valve ventilation is appropriate
- V. If Unsuccessful:

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PROTOCOL

- a. Transport directly to the closest emergency department

SPECIAL CONSIDERATIONS:

- I. N/A