

## Procedural: Supraglottic Airway

EMR

EMT

- Not in scope of practice

 **EMR / EMT STOP**

EMT SG

### ADVANCED EMT

- **Indications**
  - Intended for airway management in patients without controlled or spontaneous ventilation.
- **Contraindications**
  - Responsive patients with an intact gag reflex
  - Patients with known esophageal disease
  - Patients who have ingested caustic substances
- **Warnings**
  - High airway pressures may divert gas either to the stomach or to the atmosphere.
  - Intubation of the trachea cannot be ruled out as a potential complication of the insertion of the supraglottic airway. After placement, perform standard checks for breath sounds.
  - Lubricate only the posterior surface of the airway to avoid blockage of the aperture or aspiration of the lubricant.
- **Procedure**
  - Verify cardiac and/or respiratory arrest
  - Ventilate via BVM @ 15 L/min
  - Ventilate 1-2 minutes prior to airway insertion attempt
  - Suction hypopharynx as needed
  - Using the information provided by manufacturer, choose the correct airway, based on patient height.
  - Have a spare airway ready and prepared for immediate use.
  - Pre-oxygenate, if possible
  - Position the head. The ideal head position for insertion is the head in a neutral position.
  - Hold the airway at the connector with dominant hand. With non-dominant hand, hold mouth open and apply chin lift.
  - Without exerting excessive force, advance tube until significant resistance is felt.
  - Attach resuscitator bag to the 15 mm connector of the airway and ventilate
  - Depth markings are provided at the proximal end of the airway which refer to the distance from the distal ventilatory opening.

- Confirm proper position by auscultation, chest movement and verification of CO<sub>2</sub> by capnography if available.
- Secure airway to patient using tape or other accepted means. A bite block can also be used, if desired.
  
- **Removal of Airway**
  - Immediately remove airway if patient regains consciousness or begins to fight tube.
  - Turn patient on their side
  - Deflate cuffs
  - Remove supraglottic airway from airway
  - Be prepared for patient to vomit
  - Assist ventilation PRN
  - Administer O<sub>2</sub> at 15 L/min

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