



Performance Standard		7302
Effective April 1, 2018	Expires March 31, 2019	
Category I Skill – Low Frequency/High Risk: BLS Airway Adjuncts	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed

Terminal Performance Objective

To establish and maintain an open airway for spontaneous respiration or to facilitate effective positive pressure ventilation (PPV).

Before managing a patient’s airway with BLS adjuncts, the PSP, EMT, AEMT, or paramedic must:

1. Methodically complete an assessment of the airway and breathing within 30 seconds.
2. Identify inadequate ventilation (minute volume) and/or signs of hypoxia within the first 30 seconds.
3. Apply the appropriate, clinically required technique to manually position the head and mandible of the unconscious patient to open the upper airway.
 - a. Medical – Head tilt/chin lift
 - b. Trauma – Jaw thrust or modified chin lift
4. Clear secretions or other obstructions using appropriate method (manually, log rolling, suctioning, etc.) maintaining C-spine controls as patient’s condition indicates.
5. Utilize the appropriate technique per American Heart Association Standards to insert the appropriate BLS airway within 10 seconds.
 - a. Nasopharyngeal airway (NPA) is the preferred BLS airway. (FR exempt; NPA exceeds FR scope of practice)
6. Confirm correct airway placement and immediately initiate PPV with oxygen at 10 – 15 LPM
 - a. For the hypoventilating or apneic patient, initiate PPV with oxygen at 10 – 15 LPM.
 - b. If upper airway management techniques have restored effective spontaneous respiration, apply supplemental oxygen and closely monitor the patient’s airway and breathing.

While managing a patient’s airway with BLS adjuncts, PSP, EMT, AEMT, or paramedic must:

1. Effectively evaluate the efficacy of PPV following BLS airway insertion.
2. Limit suction attempts to 10 secondsⁱ.
3. Limit interruption of PPV to 30 seconds
4. Consider and treat reversible causes of hypoventilation and hypoxia such as opiate overdose and hypoglycemia
5. Rapidly determine the need for Advanced Life Support (ALS) airway adjuncts when airway patency or ventilations cannot be effectively supported by BLS means.

Critical Success Targets for BLS Airway Management

1. Successful and secure adjunct insertion
2. Effective PPV

System Benchmark

% of hypoventilating patients that receive effective positive pressure ventilation

Applicable Protocols

The REMSA Treatment Protocol for the Universal Patient, and any other policy authorizing the use of BLS airway adjuncts.

Core Competency Requirements to be covered during education/training

1. Patient assessment
2. Airway anatomy & physiology
3. Airway pathophysiology
4. BLS techniques for relief of anatomical or foreign body airway obstruction
5. Manual positioning of the airway
6. Identify the need for use of a BLS airway adjunct
7. Oropharyngeal airway (OPA) indications/ contraindications
8. OPA sizing and insertion
9. NPA indications/ contraindications (FR exempt; NPA exceeds FR scope of practice)
10. NPA sizing and insertion (FR exempt; NPA exceeds FR scope of practice)
11. Evaluation of ventilatory efficacy following BLS airway adjunct insertion
12. Identification and correction of complications of BLS airway management
13. Rapid identification of the need for ALS airway and/or medications when BLS airway adjuncts are ineffective

Adjunctive Performance Standards

1. Positive Pressure Ventilation (PPV)
2. Laryngoscopy with FBAO Removal/Magill Forceps (ALS personnel)

Equipment Requirements

1. Airway mannequin
2. OPA(s)
3. NPA(s)
4. Lubricant
5. BVM with reservoir and manometer
6. Stethoscope
7. Supplemental oxygen
8. PPE

Instructor Resource Materials

1. Prehospital Trauma Life Support
2. AHA CPR and BLS Provider Manual
3. 2010 AHA Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
4. NHTSA EMS Educational Instructor Guidelines for EMT and Paramedic

PERFORMANCE OBJECTIVE

To establish and maintain an open airway for spontaneous respiration or to facilitate effective positive pressure ventilation.

BLS Airway Adjuncts Validation

PERFORMANCE CRITERIA

100% accuracy required on all items with an *

Before managing a patient's airway with BLS adjuncts, the FR, EMT, AEMT, and paramedic must:

Points	Score	Performance Steps	Additional Information
1		Take or verbalize body substance isolation	Selection: gloves, goggles, mask, gown, booties, N95 PRN
1		Methodically complete an assessment of the airway and breathing within 30 seconds.*	Follow respiratory assessment sequence.
1		Identify inadequate ventilations and/or signs of hypoxia within the first 30 seconds.*	Pale/cyanotic, altered level of consciousness, diaphoresis, increased work of breathing or apnea, poor chest rise and fall
1		Apply the appropriate, clinically required technique to manually position the head and mandible of the unconscious patient to open the upper airway.*	<ul style="list-style-type: none"> • Medical - Head-tilt/chin lift • Trauma - Jaw thrust or modified chin lift
1		Manually clear blood, vomit, and foreign bodies when present.*	<ul style="list-style-type: none"> • Clear secretions or other obstructions using appropriate method (manually, log rolling, suctioning, etc.) maintaining C-spine control as patient condition indicates. • Use a rigid pharyngeal tip, if available, for suctioning oropharynx.
1		Utilize appropriate technique per AHA standards to insert the selected airway within 10 seconds.*	<ul style="list-style-type: none"> • NPA is the preferred BLS airway. (PSP exempt; NPA is optional scope of practice) • OPA <ol style="list-style-type: none"> a. Place tip into patient's mouth with curve facing up toward the nose. b. Advance until you meet resistance and rotate 180 degrees until flange is flush against lips. • NPA (PSP exempt; NPA is optional scope of practice) <ol style="list-style-type: none"> a. Lubricate tube using water-soluble lubricant. b. Place tip in nostril with beveled edge against septal wall. c. Gently advance straight back, in direction of patient's ear, rotating back and forth slightly once resistance is met. d. Continue until flange is resting against outside of nostril.
1		Confirm correct airway placement and immediately initiate PPV with oxygen at 10 – 15 LPM.*	<ul style="list-style-type: none"> • For the hyperventilating or apneic patient, initiate PPV with oxygen at 10 -15 LPM • If upper airway management techniques have restored effective spontaneous respiration, apply supplemental oxygen and closely monitor the patient's airway and breathing.

While managing a patient's airway with BLS adjuncts, the FR, EMT, AEMT, and paramedic must:

Points	Score	Performance Steps	Additional Information
1		Evaluate the efficacy of PPV following BLS airway insertion.*	Chest rise and fall symmetrically, lung sounds auscultated bilaterally, absent epigastric sounds with ventilations, patient's skin signs improve.
1		Limit suction attempts to 10 seconds.*	
1		Limit interruption of PPV to 30 seconds.*	
1		Consider and treat reversible causes of airway obstruction, hypoventilation and hypoxia.*	I.e. opiate overdose, hypoglycemia
1		Rapidly determine the need for Advanced Life Support airway adjuncts when airway patency or ventilations cannot be effectively supported by BLS means.*	

Critical Failure Criteria

- ___ Failure to take or verbalize BSI appropriate to the skill prior to performing the skill
- ___ Insertion of an oropharyngeal airway without checking for an intact gag reflex or keeping an oropharyngeal airway in the patient when gag reflex returns
- ___ Failure to properly identify ineffective ventilations
- ___ Any procedure that would have harmed the patient

ⁱ AHA