



Performance Standard		7304
Effective April 1, 2018	Expires March 31, 2019	
Category I Skill – Low Frequency/High Risk: Laryngoscopy and Magill Forceps	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed

Terminal Performance Objective

An open unobstructed airway able to support spontaneous respiration or positive pressure ventilation (PPV).

Before performing laryngoscopy and use of Magill forceps, paramedics must:

1. Methodically complete an assessment of the airway and breathing within 30 seconds.
2. Identify inadequate ventilations and/or signs of hypoxia within the first 30 seconds.
3. Apply 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 the American Heart Association standards to insert the appropriate BLS airway within 10 seconds.
 - a. NPA is the preferred BLS airway
6. Provide positive pressure ventilation (PPV) with oxygen at 10 – 15 LPM.
7. Determine the presence of a foreign body airway obstruction (FBAO).
8. Perform one (1) cycle of chest compressions and rescue breaths to clear a persistent obstruction.

While performing laryngoscopy and use of Magill forceps, paramedics must:

1. Repeat assessment of airway and breathing to determine if the airway is still obstructed.
2. Prepare equipment for laryngoscopy and FBAO removal using Magill forceps within 30 seconds.
3. Appropriately position the patient based on presentation and condition (medical vs. trauma).
4. Use good technique with the laryngoscope to directly visualize anatomical structures of the airway and minimize oral trauma.
5. Recognize and remove a foreign body with the Magill forceps.
6. Recognize persistent airway obstruction with inability to perform PPV and consider the following:
 - a. Rapid transport to the closest most appropriate hospital
7. Reassess airway, breathing and circulation, applying oxygen as clinically indicated (non-rebreather mask or PPV) or returning to cycles of ventilations / compressions as indicated by patient condition.

Critical Success Targets for laryngoscopy and use of Magill forceps

1. An open unobstructed airway
2. Spontaneous respiratory rate within age-appropriate normal limits
3. Ability to perform effective positive pressure ventilation
4. SpO2 of greater than 95% in the patient with spontaneous circulation
 - a. In patients with COPD/pulmonary disease, it may not be possible or desirable to attain a SpO2 of 95%.

System Benchmark

% of patients with an obstructed airway who receive laryngoscopy with the use of Magill forceps resulting in successful restoration of an open airway.

Applicable Protocols

The REMSA Universal Patient Treatment Protocol, and any other policy authorizing the use laryngoscopy and the Magill forceps.

Core Competency Requirements to be covered during education/training

1. Assessment of mental status
2. Ensure patient is unconscious prior to using Magill forceps or beginning chest compressions
3. Airway / patient positioning
4. Assessment of airway / breathing
5. Relative benefit of NPA over OPA for patients with suspected reversible airway obstruction
6. Suctioning / clearing oral cavity of debris
7. Performance of BLS FBAO maneuvers per current AHA standards
8. Use of laryngoscope to visualize airway and look for obstruction
9. Use of Magill forceps to grasp / remove obstruction
10. Reassessment of airway / breathing status to determine further action(s)

Adjunctive Performance Standards

1. BLS Airway Adjuncts
2. ALS Airways
3. Positive Pressure Ventilation (PPV)

Equipment Requirements

1. Adult advanced airway mannequin
2. Oxygen source
3. Stethoscope
4. Laryngoscope
5. Magill forceps
6. Suction equipment (both rigid and flexible)
7. Personal protective equipment
8. NP/OP Airway
9. BVM w/ manometer and reservoir
10. Pulse oximeter
11. Cardiac monitor

Instructor Resource Materials

1. AHA ACLS Provider Manual
2. AHA PALS Provider Manual
3. Current AHA Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
4. NHTSA EMS Educational Instructor Guidelines for EMT and Paramedic

Laryngoscopy and Magil Forceps Validation

PERFORMANCE CRITERIA: 100% accuracy required on all items marked with an *

Before performing laryngoscopy and use of Magil forceps, the 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 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		Employ the indicated BLS airway adjunct. *	<ul style="list-style-type: none"> • NPA is the preferred BLS airway
1		Provide positive pressure ventilation (PPV) with oxygen at 10 – 15 LPM *	Indicated for the hypoventilating or apneic patient.
1		Determine the presence of a foreign body airway obstruction (FBAO). *	Sudden onset of respiratory distress with coughing, gagging, stridor, or wheezing, inability to ventilate the patient with a BVM despite repositioning of airway
1		Perform one (1) cycle of chest compressions and rescue breaths to clear a persistent obstruction. *	

While performing laryngoscopy and use of Magil forceps, the paramedic must:

1		Repeat assessment of airway and breathing to determine if the airway is still obstructed. *	Follow respiratory assessment sequence.
1		Prepare equipment for laryngoscopy and FBAO removal using Magill forceps within 30 seconds. *	Laryngoscope with functioning bulb, Magill forceps, suction, suction catheters (flexible and rigid), stethoscope, BVM with manometer, pulse oximetry
1		Appropriately position the patient based on presentation and condition (medical vs. trauma). *	<ul style="list-style-type: none"> • Medical – Head/chin lift • Trauma – Jaw thrust or modified chin lift
1		Use good technique with the laryngoscope to directly visualize anatomical structures of the airway and minimize oral trauma. *	<ul style="list-style-type: none"> • Do not use the teeth as a fulcrum.

1		Recognize and remove a foreign body with the Magill forceps. *	
1		Recognize persistent airway obstruction with inability to perform PPV and consider the following: * <ul style="list-style-type: none"> • Rapid transport to the closest most appropriate hospital 	Make contact with receiving hospital as soon as possible to allow the receiving hospital time to adequately prepare for the patient's arrival.
1		Reassess airway, breathing and circulation, applying oxygen via appropriate device (non-rebreather mask or bag-valve-mask) or returning to cycles of compressions/ventilations as indicated by patient condition. *	

Critical Failure Criteria

- ___ Failure to take or verbalize BSI appropriate to the skill prior to performing the skill
- ___ Failure to properly identify a FBAO
- ___ Failure to attach oxygen to the BVM
- ___ Failure to appropriately position patient and open airway
- ___ Failure to initiate compressions and ventilations prior to attempting to use Magill forceps
- ___ Using the patient's teeth as a fulcrum
- ___ Failure to initiate rapid transport once persistent airway obstruction is identified
- ___ Any procedure that would have harmed the patient