HEALTHEAST MEDICAL TRANSPORTATION MEDICAL OPERATIONS MANUAL

7E SUPRAGLOTTIC AIRWAY

PATIENT CARE GOALS

• To provide a patent airway for patients in which endotracheal intubation has failed or is not indicated. 1

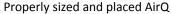
EMT

1. Don the appropriate personal protective equipment. Gloves and eye protection are the minimum required protection. Additionally, a facemask is required if there is a likelihood of encountering blood in the airway.

<u>AirQ</u>

- 2. Prepare the following equipment:
 - Appropriately sized AirQ (generally a 3.5 for women and 4.5 for men)²
 - Water based lubricant
 - Suction
 - In-line capnography
- 3. Pre-oxygenate the patient.
- 4. Lubricate the back of the AirQ and front ridges of mask cavity.
- 5. Perform a tongue-jaw lift and insert the AirQ into the mouth with the tip of the mask pointing down, toward the back of the patient's throat³.
- 6. Use a gentle, downward pressure to slide the device into position.
- 7. If the Air-Q becomes stuck during placement, slide a finger behind the mask and guide the mask around the curve of the tongue.
- 8. Check position of Air-Q to ensure correct sizing. Patient's incisors should be between the two horizontal marks on the Air-Q.







Improperly sized and/or placed AirQ

9. Ventilate the patient and confirm placement by auscultating lung sounds, watching for chest rise, and looking for an appropriate capnography waveform.

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King LT

- 2. While maintaining ventilation with OP airway and BVM, assemble the equipment to be used.
- 3. Choose correct size of airway based on patient's height.
 - a. #5 for over 6 feet
 - b. #4 for 5-6 ft
 - c. #3 for 4-5 ft
 - d. #2.5 for 41-51 inches or 25-35 kg (Only available in LT-D)
 - e. #2 for 35-45 inches or 12-25 kg (Only available in LT-D)
- 4. Test the cuff inflation system by injecting the maximum volume of air recommended into the cuff.
 - a. #5 LT-D 70-90 ml, LTS-D 60-80 ml
 - b. #4 LT-D 60-80 ml, LTS-D 50-70 ml
 - c. #3 LT-D 45-60 ml, LTS-D 40-55 ml
 - d. #2.5 LT-D 30-40 ml
 - e. #2 LT-D 25-35 ml
 - f. Remove all air from cuffs before inserting.
- 5. Apply a water based lubricant to the beveled distal tip and posterior aspect of the tube, taking care to avoid introduction of lubricant in or near the ventilation openings.
- 6. Remove potential airway obstructions such as dentures.
- 7. Pre-oxygenate the patient.
- 8. Place patient's head in neutral position. If unable to pass King LT-D place the head in a sniffing position by placing a pad under the head raising it approximately 2 inches.
- 9. Hold the King LT-D at the connector with the dominant hand. With the non-dominant hand, grasp the patients tongue and lower jaw and lift upward.
- 10. Rotate the airway laterally 45-90 degrees such that the blue orientation line is touching the corner of the mouth, introduce the tip into the mouth and advance behind the base of the tongue.
- 11. As the tube tip passes over the tongue, rotate the tube back to the midline so that the blue orientation line faces the patient's chin.
- 12. Without exerting excessive force, advance the airway until the base of the connector is aligned with the teeth or gums.
- 13. Use a syringe to inflate the cuff with the minimum volume necessary to seal the airway at peak ventilation pressure.
- 14. Gently ventilate the patient to assess compliance while simultaneously withdrawing the airway until ventilation is easy and free flowing.
- 15. Confirm proper position by auscultation, chest rise, and capnography.
- 16. If tube misplacement is suspected remove the airway and resume ventilation with BVM.
- 17. Readjust cuff inflation pressure to seal airway.

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18. Secure King LT-D to patient using commercial holder. Apply a C-collar to prevent head movement and tube dislodgment.

DOCUMENTATION KEY POINTS

- Rationale for use of the Air-Q.
- Initial and on-going assessment of the patient's airway.
- Size of Air-Q inserted.
- Number of attempts, successes, and any complications encountered.

NOTES

² AirQ Sizing Chart

Ideal Body Weight	AirQ Size
70-100 kg	4.5
50-70 kg	3.5
30-50 kg	2.5
17-30 kg	2.0
7-17 kg	1.5
4-7 kg	1.0
<4 kg	0.5

³ A tongue blade may also be used to elevate the tongue and allow easier insertion of the Air-Q.

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¹ A supraglottic airway should be considered the airway of choice for the crash intubation or as a rescue airway following failed attempts to place an endotracheal tube.