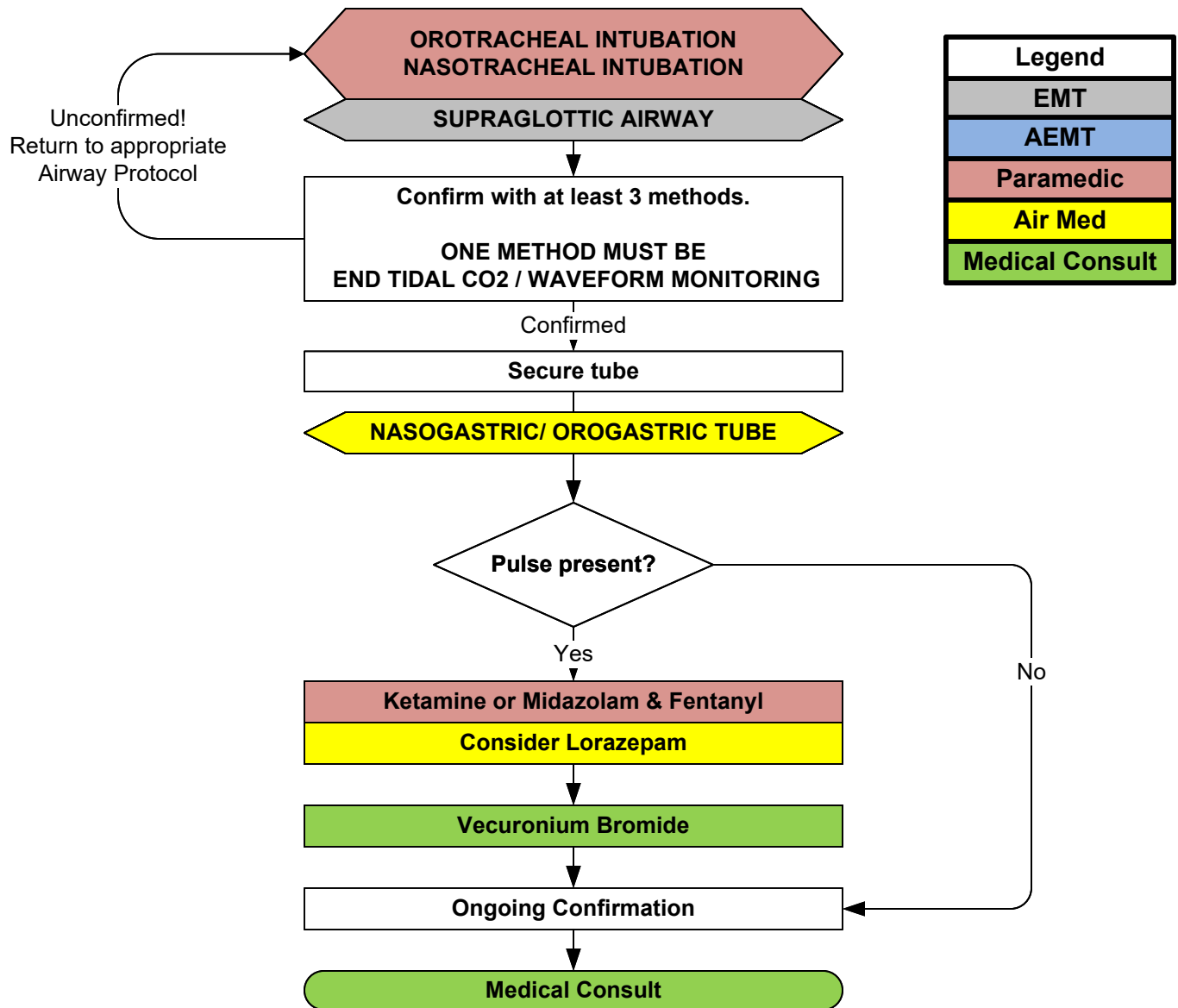


ADVANCED AIRWAY CONFIRMATION / MANAGEMENT



Pearls:

- Methods ranked in the order of importance-
 1. Visualization of the ETT protruding adequately past the vocal cords and into the trachea
 2. ETCO2 / waveform monitoring
 3. Auscultation of all lung fields to confirm adequate air exchange
 4. Bilateral, symmetrical expansion of the thorax
- Consider stabilizing the neck using a c-collar to reduce risk of extubation.
- Document the following: tube size, depth at the lips/nares, clinical signs of improved oxygenation & ventilation, tube confirmation methods, and confirmation at destination.
- Minimally, reconfirmation should occur at the following times: 1. Once the patient is prepared for transport, 2. Anytime the patient is moved, 3. Anytime dislodgement of the tube is suspected, 4. Any changes in the patient's condition, 5. When responsibility for care is transferred to another provider.
- Vecuronium Bromide is only available on Air Med and CCT units. Air Med may administer Vecuronium Bromide when indicated via standing orders.
- Air Med personnel and CCT medics may attach the EMV⁺ ventilator to the patient as outlined in the **AIRWAY- VENTILATOR (EMV) Procedure**.
- Inter-facility Transports: Do **NOT** use Propofol infusions for sedation on any mechanically ventilated patient under the age of 13. Contact Medical Control via the Communication Center, if needed. The preferred sedation for mechanically ventilated patients under age 13 is fentanyl with midazolam and, if hypersensitivity exists, ketamine can be utilized. (See **AIRWAY-VENTILATOR (EMV) Procedure**)