

AIRWAY- SUCTION ASSISTED LARYNGOSCOPY AIRWAY DECONTAMINATION (SALAD)

1. Level: Paramedic, RN
2. Purpose: Suction Assisted Laryngoscopy Airway Decontamination. To assist in airway management in mass regurgitation situations where the airway is contaminated with large volumes of emesis, blood, or other foreign body airway obstructions.
3. Indications: An indication for Orotracheal Intubation exists and mass regurgitation exists
4. Procedure
 - 4.1. Prepare the necessary equipment including:
 - 4.1.1. Large bore rigid suction catheter (DuCanto)
 - 4.1.2. Electronic Suction Device
 - 4.1.3. Intubation Kit
 - 4.2. Attach the suction catheter to the suction device
 - 4.3. Grip the Suction catheter with a right overhand grip and perform gross decontamination of the oral cavity.
 - 4.4. Once gross decontamination is finished insert the laryngoscope into the patient's mouth at the midline of the tongue. Reposition the suction catheter on the left side of the laryngoscope and park the suction catheter in the esophagus. The laryngoscope blade will now effectively pin the suction catheter in place with this maneuver, as the left portion of the blade contacts the right portion of the suction catheter, securing it in place and holding it out of the path of Orotracheal intubation.
 - 4.5. Finish laryngoscopy identifying the vocal cords and pass the ET Tube on the right side of the laryngoscope.
 - 4.6. Place the ET Tube at the appropriate depth and confirm the correct placement.
 - 4.7. Once the correct placement is confirmed carefully remove the laryngoscope and suction catheter and secure the ET Tube.