

Airway Management

1. Universal Patient Care

Basic Care Guidelines

2. Maintain oxygen saturation of 94-98%
3. Consider positive airway pressure (CPAP/BiPAP)
4. Maintain a patent airway:
 - a. Suction as needed
 - b. Insert appropriate airway device (NPA, OPA, or SGA) if indicated
5. Use bag-valve-mask ventilation in settings of respiratory failure or arrest

Advanced Care Guidelines

6. Monitor EtCO₂:
 - a. Patients without primary pulmonary pathology:
 - i. Maintain EtCO₂ of 35-40 mmHg
7. When less invasive methods are ineffective or inappropriate:
 - a. Consider endotracheal intubation; refer to [Endotracheal Intubation](#)
8. Patients who cannot be oxygenated/ventilated effectively using any of the above interventions:
 - a. Consider needle cricothyroidotomy; refer to [Needle Cricothyroidotomy](#)

Bilevel Positive Airway Pressure

Indications

1. Dyspnea or Hypoxemia secondary to congestive heart failure (CHF)
2. Chronic obstructive pulmonary disease (COPD)
3. Shortness of breath without improved oxygenation with the use of less invasive adjuncts

Contraindications

1. Pneumothorax
2. Tracheostomy
3. Respiratory arrest
4. Agonal respirations
5. Unconsciousness
6. Shock associated with cardiac insufficiency
7. Penetrating chest trauma

Precautions

1. Impaired mental status
2. Facial anomalies (facial trauma or stroke obtundation)
3. Active GI bleeding or history of recent gastric surgery
4. Nausea or vomiting
5. Excessive secretions

Procedure

1. Place patient in a sitting position
2. Explain procedure to patient
3. Connect ventilator circuit and oxygen hose
4. Place mask on patient's face and secure with manufacturer's head strap
5. Ensure placement of EtCO₂ adapter in circuit
6. Set breath rate to 12, adjust as needed
7. Initiate at 10/5, titrate as needed to a maximum of 16/10
8. Monitor for mental status, tolerance, and decompensation