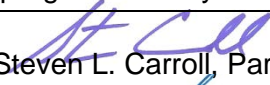



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Supraglottic Airway Devices		Policy Number: 729	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2020	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: July 1, 2020	
Origination Date:	November 13, 2014	Effective Date: July 1, 2020	
Date Revised:	January 16, 2020		
Date Last Reviewed:	January 16, 2020		
Review Date:	January 31, 2020		

- I. Purpose: To define the indications and use of supraglottic airway devices.
- II. Authority: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170, and California Code of Regulations, Title 22, §100145 and §100146.
- III. Policy: Paramedics may utilize the VCEMSA approved supraglottic airway device (SAD) for adult and pediatric patients according to this policy and Policies 705 and 710. The VCEMSA approved SAD may be used as the primary advanced airway device by paramedics who opt to use it during the care of patients for whom they believe it would be the most appropriate airway management device. Alternately, the VCEMSA approved SAD shall be used if BVM ventilation is inadequate and attempts at endotracheal intubation have failed.
- IV. Procedure:
 - A. Indications:
 1. Cardiac arrest.
 2. Respiratory arrest or severe respiratory compromise AND absent gag reflex.
 - B. Contraindications:
 1. Intact gag reflex.
 2. Caustic ingestion
 3. Unresolved complete airway obstruction
 4. Trismus or limited ability to open the mouth such that the device cannot be Inserted
 5. Oral trauma
 6. Distorted anatomy that prohibits proper placement (e.g. oropharyngeal mass or abscess)

- C. Preparation:
 - 1. Sizing:
 - A. Choose correct size based on patient's weight and manufacturer's recommendations.
 - 2. There will be no more than 2 attempts, each no longer than 40 seconds.
 - 3. For patients in cardiac arrest, chest compressions will not be interrupted.
 - 5. Generously lubricate the cuff with a water-based lubricant.
- D. Placement:
 - 1. Remove dentures if present
 - 2. Tilt the patient's head back - unless there is a suspected cervical spine injury.
 - 3. Open the patient's mouth and insert the SAD per the manufacturer's recommendations. A laryngoscope may be used if laryngoscopy is performed to inspect for foreign body.
 - 4. Gently advance the SAD into position in the pharynx by applying forward pressure on the tip of the tube while lifting up on the jaw
 - 5. Return head to neutral position.
 - 6. Attach capnography airway adapter and bag-valve device and verify placement by capnography waveform.
 - 9. If 2 attempts at SAD placement are unsuccessful, attempt again to ventilate the patient with BVM.
 - 10. Secure the SAD with appropriate strap.
 - 11. If patient vomits, do not remove SAD. May turn patient on side, suction both SAD and oropharynx.
- E. Documentation:
 - 1. Documentation per Policy 1000.