

POLICY: 555.16
TITLE: Pediatric Airway Management

EFFECTIVE: 7/1/2018
REVIEW: 7/2023
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC AIRWAY MANAGEMENT

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL:

BLS & ALS

- A. Perform routine ALS/BLS medical care as directed in Policy 554.00 – General Protocols.
- B. The approved airway management procedure for the unconscious pediatric patient consists of the simplest method of BLS interventions to maintain oxygen saturation >94% via the following:
1. If gag present and BVM alone insufficient, place NPA
 2. If gag is not present and BVM insufficient, place OPA
 3. If unable to ventilate with BVM and airway adjunct, may place additional (i.e. both NPA and OPA).

ALS

4. If airway obstruction is suspected, may use Laryngoscope with blade of choice to visualize airway to facilitate removal of Foreign Body obstruction with Magill forceps.
5. If no airway obstruction, continue ventilation using simplest method of BLS interventions to maintain oxygen saturation >94%.
6. If unable to ventilate using BLS interventions and no obstruction:
 - a) For Pediatric patients 14 years of age or younger: Place supraglottic airway and ventilate at rate of 1 ventilation every 3 seconds.
 - b) Monitor capnography