NON-VISUALIZED AIRWAY

PROVIDER NAME: _____ PROVIDER NO. _____

Non-visualized airway placement to establish control of the patient's airway may be performed by any trained and certified First Responder or licensed EMT affiliated with a certified first responder service or licensed ambulance service provider approved to use a non-visualized advanced airway protocol.

1. INDICATIONS:

   A. Cardiac arrest from any cause
   B. Respiratory arrest with no gag reflex
   C. Unconscious patient with inadequate respiration and no gag reflex

2. Non-visualized airways approved for use by in State of Wisconsin include:
   A. ETC combitube
   B. King LTS-D

3. CONTRAINDICATIONS: DO NOT use on patient if....

   A. Patient is under five (5) feet in height for Combitube, under four (4) feet tall for Combitube SA, and under four (4) feet tall for the King LTS-D airway (always comply with manufacturer's recommendations for sizing)
   B. Patient has an active gag reflex
   C. Patient has known or suspected esophageal disease
   D. Patient has history of ingesting a caustic substance
   E. Patient has known or suspected foreign body obstruction of the larynx or trachea

4. PREPARE FOR INSERTION OF THE NON-VISUALIZED AIRWAY

   A. Contact medical control physician for authorization (if required by local protocol or may delete)
   B. Maintain ventilation with an oropharyngeal airway and bag-valve-mask
   C. Take appropriate body substance isolation precautions
   D. Determine and select appropriate airway for size of patient
   E. Prepare the non-visualized airway
      1) Determine cuff integrity per manufacturer's directions
      2) Lubricate as necessary
      3) Insure all necessary components and accessories are at hand
   F. Prepare the patient
      1) Reconfirm original assessment
      2) Inspect upper airway for visible obstructions and remove
      3) Pre-oxygenate the patient
      4) Position the patient's head in a neutral position

5. AIRWAY INSERTION should be accomplished according to the manufacturer's directions
   - A. Ventilate the patient
   - B. Confirm airway placement by
     - 1) Combitube –
       1. Auscultating breath sounds (high axillary and bilaterally) and epigastric sounds
          - a. Esophageal placement where breath sounds are present bilaterally with epigastric sounds absent
            - i. Ventilate through primary tube
          - b. Tracheal placement where breath sounds are absent and epigastric sounds are present
            - i. Ventilate through secondary tube and reassess placement
          - c. Unknown placement where both breath sounds and epigastric sounds are absent
            - i. Deflate cuffs and adjust placement. Reassess placement
            - ii. Extubate
     - 2) King LTS-D
       1. Simultaneously gently bag the patient and withdraw the King LTS-D until ventilation is easy and free flowing
       2. Readjust cuff inflation
       3. Secure airway in place
   - C. Continue ongoing respiratory assessment and treatment

6. TUBE REMOVAL
   - A. Indications
     - 1) Patient regains consciousness
     - 2) Protective gag reflex returns
     - 3) Ventilation is inadequate
   - B. Contact medical control per protocol
     - 1) Do not delay removal when unable to contact medical control
   - C. Remove as per manufacturer's directions
   - D. Monitor airway and respirations closely, suction as needed
   - E. Place the patient on high flow oxygen and assist with ventilation as needed

7. Transport promptly as available

Approved by:

_____ Medical Director (Print)

_____ Medical Director Signature

_____ Date