Supportive Care

1. **Initial Assessment Protocol.**

2. **If spontaneous breathing is present without compromise:**
   
   A. Monitor breathing during transport.
   
   B. Administer oxygen via nasal cannula (2-6 L/min) PRN.

3. **If spontaneous breathing is present with compromise:**
   
   A. **Maintain airway** consider (e.g. modified jaw thrust).
   
   B. Administer oxygen via non-rebreather mask (10-15 L/min). Consider **CPAP**.
   
   C. If unconscious, insert **oropharyngeal or nasopharyngeal airway** PRN.
   
   D. Assist ventilations with BVM PRN
   
   E. Suction PRN.
   
   F. Monitor pulse **oximetry** and **capnography**, as soon as possible.

   **(If patient accepts oropharyngeal airway, consider need for intubation Advanced Airway Management.**

4. **If spontaneous breathing is absent or markedly compromised:**
   
   A. **Maintain airway** (e.g. modified jaw thrust).
   
   B. If unconscious, insert **oropharyngeal or nasopharyngeal airway**.
   
   C. Assist ventilations with BVM
   
   D. Suction PRN.
(If patient accepts oropharyngeal airway, consider need for intubation: Advanced Airway Management).

E. If unconscious and intubation is not available, insert King Airway.

F. Monitor pulse oximetry and capnography, as soon as possible.

ALS Level 1

G. Perform endotracheal intubation

1. Confirm ETT placement.

2. Secure ETT and place bite block.

3. Attach end-tidal CO₂ monitoring device and record waveform strip for PCR.

4. Monitor SpO₂ with pulse oximeter.

H. If unable to intubate and patient cannot be adequately ventilated by other means (see A – F above), perform Cricothyroidotomy and transport rapidly to the hospital (a).

ALS Level 2 (Physician Authorization Required)

None