



PEDIATRIC AIRWAY MANAGEMENT



Escambia County, Florida - ALS/BLS Medical Protocol

Supportive Care

EMT and Paramedic

1. [Initial Assessment Protocol](#).

2. **If spontaneous breathing is present without compromise:**

A. Monitor breathing during transport.

B. Administer oxygen PRN(a).

1. Infants via infant mask @ 3 L/min.
2. Small child (1-8 years) via pediatric mask @ 6-8 L/min.
3. Older child (9-15 years) via non-rebreather mask @ 10-15 L/min.
4. If mask is not tolerated administer via blow-by method.

3. **If spontaneous breathing is present with compromise:**

A. [Maintain airway](#) (e.g. modified jaw thrust).

B. [Suction](#) PRN.

C. Administer oxygen.

1. Infants via infant mask @ 3 L/min.
2. Small child (1-8 years) via pediatric mask @ 6-8 L/min.
3. Older child (9-15 years) via non-rebreather mask @ 10-15 L/min.
4. If mask is not tolerated administer via blow-by method.



Approved: 10/01/2011
Version: 3.1

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- D. If unable to maintain airway, insert [oropharyngeal or nasopharyngeal](#) airway PRN.
- E. Assist ventilations with BVM PRN.
- F. Monitor pulse [oximetry](#) and [capnography](#), as soon as.

EMT and Paramedic

4. If spontaneous breathing is absent or markedly compromised:

- A. [Maintain airway](#) (e.g. modified jaw thrust).
- B. [Suction](#) PRN.
- C. If unable to maintain airway, insert [oropharyngeal or nasopharyngeal](#) airway.
- D. Ventilate with BVM @ 20/minute for the child and 30/minute for the infant.
- E. Monitor pulse [oximetry](#) and [capnography](#), as soon as possible.

ALS Level 1

Paramedic Only

- F. Perform [endotracheal intubation](#) PRN (b)(c).
 - (1) Confirm ETT placement (Use EDD if ≥ 8 years of age).
 - (2) Secure ETT with tape or ETT stabilizing device.
 - (3) Attach end-tidal CO₂ monitoring device.



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(4) Monitor SpO₂ with pulse oximeter.

G. Insert [Nasogastric tube](#) and decompress stomach PRN(d).

H. If unable to intubate and patient cannot be adequately ventilated by other means (see A – E above), perform needle [cricothyroidotomy](#) and transport rapidly to the hospital.

ALS Level 2 *(Physician Authorization Required)*

None

Note

- (a) Oxygen should only be administered to the patient that shows signs of respiratory compromise and/or is unable to maintain a SpO₂ ≥95.
- (b) **The BVM should be initially be used for ventilatory support.** Endotracheal intubation should only be used when the BVM is ineffective or prolonged ventilatory support is necessary.
- (c) Follow [Advanced Airway Algorithm](#) on all intubations.
- (d) When gross gastric distension is noted, an NG tube should be inserted to relieve gastric distension that may be compromising ventilatory effort.



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