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.
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.
PEDIATRIC
AIRWAY MANAGEMENT
Escambia County, Florida - ALS/BLS Medical Protocol

(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.