

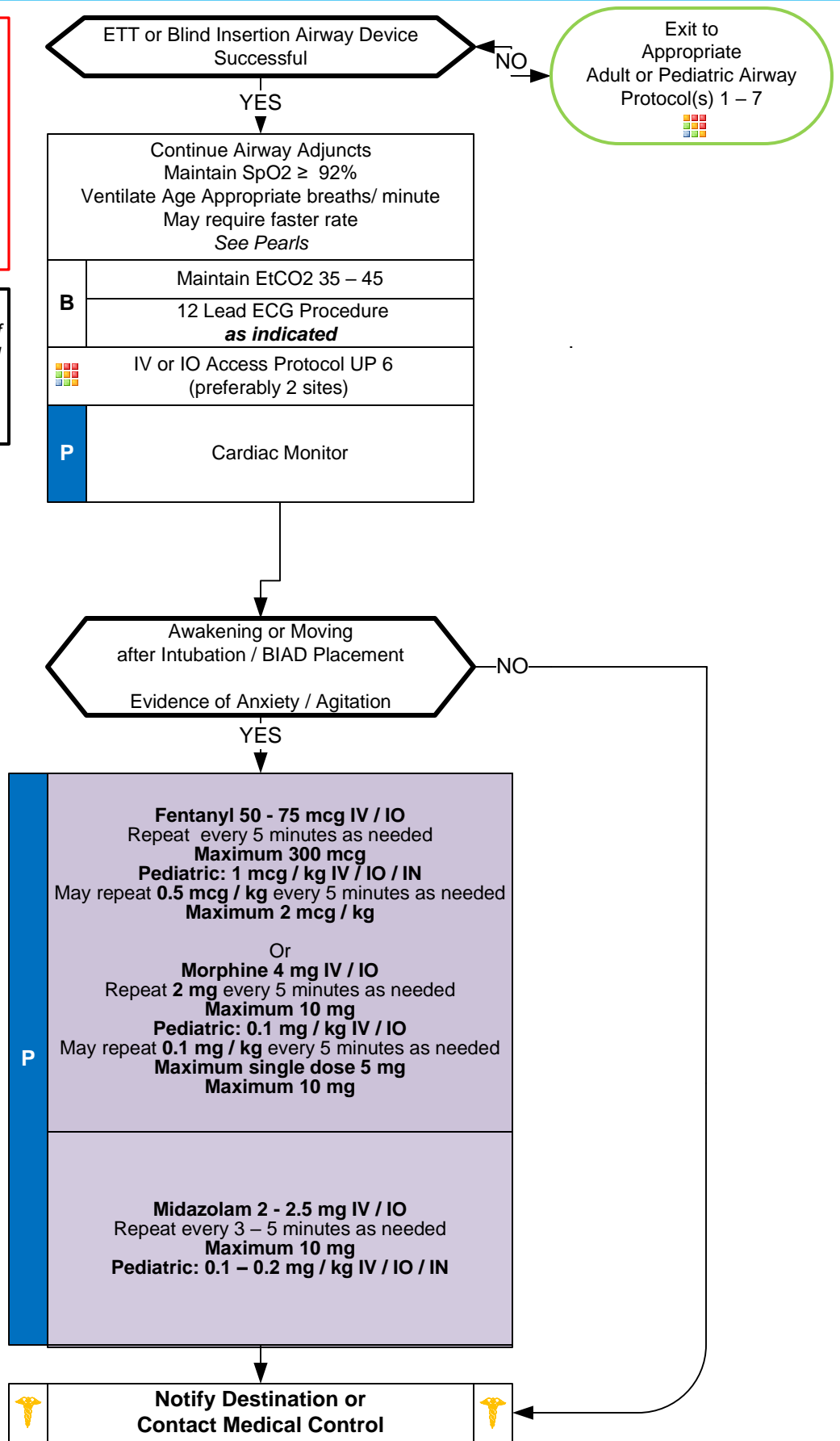


Post-intubation/ BIAD Management

Capnography Monitoring

- End-tidal (EtCO₂) monitoring is mandatory following placement of an endotracheal tube.
- EtCO₂ monitoring is mandatory following placement of a BIAD once available on scene.

Protocols AR 1, 2, 3, 5, and 6 should be utilized together (even if agency is not using Drug Assisted Airway Protocol) as they contain useful information for airway management.





Post-intubation/ BIAD Management

Pearls

- **Recommended Exam: Mental Status, HEENT, Heart, Lungs, Neuro**
- **Patients requiring advanced airways and ventilation commonly experience pain and anxiety.**
- **Unrelieved pain can lead to increased catecholamine release, ischemia, immunosuppression, and prolonged hospitalization.**
- **Ventilated patients cannot communicate pain/ anxiety and providers are poor at recognizing pain/ anxiety.**
- **Vital signs such as tachycardia and/ or hypertension can provide clues to inadequate sedation, however they are not always reliable indicators of a patient's lack of adequate sedation.**
- **Sedation strategy:**
 - **Pain is the primary reason patients experience agitation and must be addressed first.**
 - **Opioids and/ or Ketamine are the first line agents, alone or in combination.**
 - **Benzodiazepines may be utilized if patient is not responding to adequate opioid and/ or Ketamine doses.**
 - **Patients that have received paralytics may be experiencing pain with no obvious signs or symptoms.**
- **Ventilation rate:**
 - **Guidelines: 30 for Neonates, 25 for Toddlers, 20 for School Age, and for Adolescents the normal Adult rate of 10 – 12 per minute.**
 - **Maintain EtCO₂ between 35 - 45 and avoid hyperventilation.**
- **Ventilator/ Ventilation strategies will need to be tailored to individual patient presentations. Medical director can indicate different strategies above.**
- **In general, ventilation with BVM should cause chest rise. With mechanical ventilation a reasonable tidal volume should be about 6 - 8 mL/kg and peak pressures should be < 30 cmH₂O. Plateau Pressures should be < 30 cmH₂O.**
- **Head of bed should be maintained at least 10 – 20 degrees of elevation when possible, to decrease aspiration risk.**
- **With abrupt clinical deterioration, if mechanically ventilated, disconnect from ventilator to assess lung compliance.**
- **DOPE: Displaced tracheostomy tube/ ETT, Obstructed tracheostomy tube/ ETT, Pneumothorax and Equipment failure.**