

**Includes:**

- Children and adults with signs of severe respiratory distress/respiratory failure.
- Patients with evidence of hypoxemia or hypoventilation.
- If known/potential highly infectious airborne respiratory illness, influenza, etc., refer to [Highly Infectious Airborne Respiratory Illness/COVID](#).

**Excludes:**

- Patients with tracheostomies.
- Chronically ventilated patients.
- Newborn patients.
- Patients in whom oxygenation and ventilation is adequate with supplemental oxygen via nasal cannula or face mask alone.

**EMT**

- Use BVM ventilation with appropriate size mask in the setting of respiratory failure or arrest.
- Consider the addition of oropharyngeal airway (OPA) or nasopharyngeal airways (NPA) or supraglottic airway (STR for EMT) for effective BVM.
- Avoid excessive pressures or volumes during BVM ventilation.
- Elevate head of bed 30 degrees when possible.
- Obtain waveform capnography (ETCO2) and monitor SPO2 as indicated. (ETCO2 is STR for EMT)
- Non-Invasive Positive Pressure Ventilation (NIPPV) techniques for severe respiratory distress or impending respiratory failure without decreased level of consciousness:
  - Continuous positive airway pressure (CPAP) (STR for EMT)
- Consider the use of a supraglottic airway (SGA) (STR for EMT) if NIPPV is not effective in maintaining oxygenation or ventilation.
- Use least invasive means of airway management.

**AEMT**

**EMT-I/Paramedic**

- NIPPV for severe respiratory distress or impending respiratory failure **without** decreased level of consciousness:
  - Bi-level positive airway pressure/B-PAP & high flow nasal cannula (Paramedic only).
- Endotracheal intubation should be considered only when less invasive methods fail.
  - Cuffed endotracheal tube should be used for all patients.
  - Tubes should be continuously secured with a commercial tube holder or tape.
  - Continuously monitor clinical signs and ETCO2 for the intubated patient.
  - ETCO2 should be used to verify tube placement and prevent hyper- or hypoventilation.
- Gastric decompression may improve oxygenation and ventilation.

Consider cricothyroidotomy (Paramedic only) when patient cannot be oxygenated/ventilated with above interventions and the risk of death seems to outweigh the risk of a procedural complication.

For children < 8 years old, the only option for cricothyroidotomy (Paramedic only) is needle cricothyroidotomy.

