Santa Barbara County PUBLIC Health DEPARTMENT

POLICY NO:	535
DATE ISSUED:	4/1/2015
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DATE TO BE REVIEWED:	4/1/2016

EMERGENCY MEDICAL SERVICES

air-Q

I. Purpose: To define the indications and use of the air-Q®sp.

II. Authority: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170, and California Code of Regulations, Title 22, §100145 and §100146.

III. Policy: Paramedics may utilize the air-Q®sp according to this policy and Policies 532 and 533. The air-Q®sp is the preferred advanced airway device; endotracheal intubation will be attempted only if the air-Q®sp is contraindicated or unsuccessful and patient cannot be ventilated with BVM.

IV. Procedure:

A. Indications:

1. Cardiac arrest.

a. If BVM ventilation is adequate:

(1) For shockable rhythm (VF/VT), after third defibrillation.

(2) For PEA or asystole, after first analysis or at any later time.

b. If BVM ventilation is inadequate, as early as possible.

c. After ROSC (if no spontaneous respiration).

2. Respiratory arrest or severe respiratory compromise AND absent gag reflex.

B. Contraindications:

1. Intact gag reflex.

2. Weight less than 45 kg (100 pounds).

3. Age less than 18 years.

C. Placement:

1. Sizing: Size 3.5 (red top) for women less than 6', men less than 5'6" tall, and any patient with a mouth too small to accept a size 4.5.

Size 4.5 (purple top) for women at least 6' and men at least 5'6" tall.

APPROVED:

John Eaglesham, EMS Director

Angelo Salvucci, MD, EMS Medical Director

2. There will be no more than 2 attempts, each no longer than 40 seconds.
3. For patients in cardiac arrest, chest compressions will not be interrupted.
4. Verify the red or purple top is securely seated on the tube.
5. Lubricate the external surface, including the mask cavity ridges.
6. Tilt the patient's head back - unless there is a suspected cervical spine injury.
7. Open the patient's mouth and insert the air-Q so the tube is between the teeth, then elevate the tongue with thumb. A laryngoscope may be used if laryngoscopy is performed to inspect for foreign body.
8. Direct the air-Q between the base of the tongue and the soft palate at a slight forward angle.
9. Gently advance the air-Q into position in the pharynx by applying forward pressure on the tip of the tube while lifting up on the jaw - until fixed resistance to forward movement is felt.
10. Return head to neutral position.
11. Attach swivel connector, capnography airway adapter, and bag-valve device and verify placement by capnography waveform. If using the ITD, insert between the air-Q and swivel connector.
12. If there is any question about the proper placement (e.g., large air leak, airway resistance) pull air-Q back until distal tube at level of teeth, verify bowl is straight, reinsert. If problem not resolved, remove the air-Q, ventilate with BVM for 30 seconds and repeat.
13. If 2 attempts at air-Q placement are unsuccessful, ventilate the patient with BVM. Endotracheal intubation should be considered only if unable to adequately ventilate with BVM.
14. Secure the air-Q with approved securing device.
15. Continue to monitor the patient for proper tube placement throughout treatment and transport.
16. If patient vomits, do not remove tube. May turn patient on side, suction both air-Q and oropharynx.

D. Documentation:

1. Documentation per Policies 700 and 701.