

# GUNDERSEN TRI-STATE AMBULANCE

## AIRWAY MANAGEMENT CHECKLIST (ZOLL EVENT MARKERS)

Assess airway for difficulty. (LEMON/HEAVEN)	
(RSI)	Perform neurologic exam before medication administration.
Monitor vital signs (HR, SpO <sub>2</sub> , ECG, ETCO <sub>2</sub> ).	
Consider defibrillator pads. (RSI) Use TurboCuf.	
Prepare suction. Turn on & check function.	
Suction as needed using large bore suction catheter.	
Place basic airway adjunct. (Nasopharyngeal airway or oropharyngeal airway)	
Ensure sniffing positioning. RAMP if obese. (Ear to sternal notch/face parallel to ceiling)	
Pre-oxygenate – goal is ≥ 95% SPO <sub>2</sub>	
Perform apneic oxygenation. (Regular nasal cannula at 15 L/min)	
Prepare bag-valve mask. (Attach to oxygen, mask present, use PEEP valve)	
Prepare intubation equipment. (Laryngoscope, bougie, ETT, syringe, securing device)	
Ready primary airway device – test, lubricate, etc.	
Ready backup airway device.	
Ensure IV access. (Patent, appropriate size/location)	
Administer vasopressors if indicated. (VPRES)	
(RSI)	Administer induction agents. (SED / PAR) (1-2 mg/kg ketamine, 1 mg/kg rocuronium) WAIT 60 seconds after each medication
Lead with suction. Perform laryngoscopy.	
Place airway without hypoxia. (START / END)	
Retain necessary equipment in case of problem. (Syringe, BVM mask, laryngoscope, and medications)	
Confirm placement with <u>waveform capnometry &amp; print strip</u> . Obtain snapshot on monitor.	
Confirm lung sounds and lack of epigastric sounds.	
Secure endotracheal tube using commercial device or properly placed tape. Stabilize head.	
Provide continued hemodynamic support as needed.	
Provide sedation and pain management as needed. Re-paralyze if necessary.	
Re-assess through completion of patient contact. (Vital signs and interventions)	
Use DOPES mnemonic to troubleshoot if necessary.	

**GOAL: FIRST PASS SUCCESS WITHOUT HYPOXIA**

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