

SGAs in Cardiac Arrest: Are we Missing Obstructed Airways?



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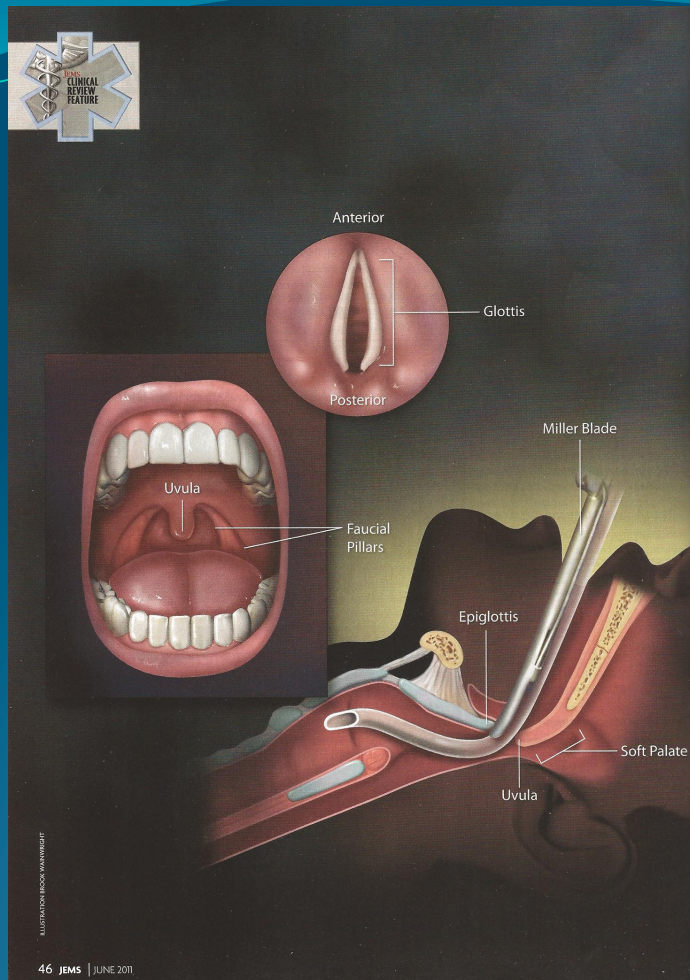
Priorities in Cardiac Arrest: CAB

- **HUGE EMPHASIS ON COMPRESSIONS, AS THERE SHOULD BE**
 - Top quality compressions
 - Immediate start
 - Minimal pauses
 - Compression fraction
 - Perhaps Autopulse or LUCAS
- **A & B with much less emphasis for the past several years!**
 - Unless **OBVIOUS** respiratory arrest came first

Multiple choices for A & B

- Passive oxygenation/ventilation
- Bag-Mask ventilation 30:2 (or less breaths)
- Pause for BMVentilation vs. interposed breaths
- ETT vs. SGA as first line for advanced airway
 - Many EMS protocols use SGA as first line (no ETT attempt)
 - If SGA then there is no look at the airway
 - Then no pauses in compressions for breaths





46 yr old woman in cardiac arrest

- Family: Sudden collapse with seizure
- Witnessed arrest , bystander CPR, asystole as initial rhythm
- BLS/BMV/ACLS/Autopulse in cramped kitchen
- Protocol: “ETT preferred but Officer judgment” re iGel vs ETT
- iGel “with chest rise” but waveform CO₂ not working so pulled it
- Unsuccessful ETT so transport with B-M-Ventilation
- Considering Hs and Ts—then ED MD found another H

“H” is for Ham



Airway Assessment Mnemonics

Difficult B-M-Ventilation	Difficult laryngoscopy/ETT	Difficult SGA
<u>M</u> ask seal	<u>L</u> ook at the airway/anatomy	<u>R</u> estricted mouth opening
<u>O</u> bstruction/Obesity	<u>E</u> valuate the 3-3-2 rule	<u>O</u> bstruction
<u>A</u> ge > 55	<u>M</u> allampati	<u>D</u> istorted/disrupted airway
<u>N</u> o teeth	<u>O</u> bstruction	<u>S</u> tiff lungs or C spine
<u>S</u> tiff lungs	Neck Mobility	
MOANS	LEMON	RODS

Witnessed vs. Unwitnessed Obstructions

- Witnessed Choking = Obvious



- **Unwitnessed Choking = Very possible for EMS to miss**
- With so much emphasis on chest compressions, it's harder to assess for patent airway!!
- Without BMVent, no look/feel for chest rise & compliance
- Without laryngoscopy, not even a look-see
- With termination in the field, we'll never know

To the Airway Medic (and Team Leader)

- Do not forget “A” !
- REALLY DO CHECK FOR CHEST RISE
- Feel for compliance when giving breaths
- Must have waveform capnography with SGAs too
- Only you know what you saw—or didn’t
- If not SURE of patent airway, SAY SO

- IF NO ROSC, besides the Hs and Ts, drop back to A:
 - TAKE A LOOK AT THE AIRWAY!!
 - Especially if no laryngoscopy was done before...

Arrest: ETT/SGA confirmed



Practice, Practice, Practice



Thanks to Steve Berry!