Quality Improvement Strategies for High Performance Airway Care



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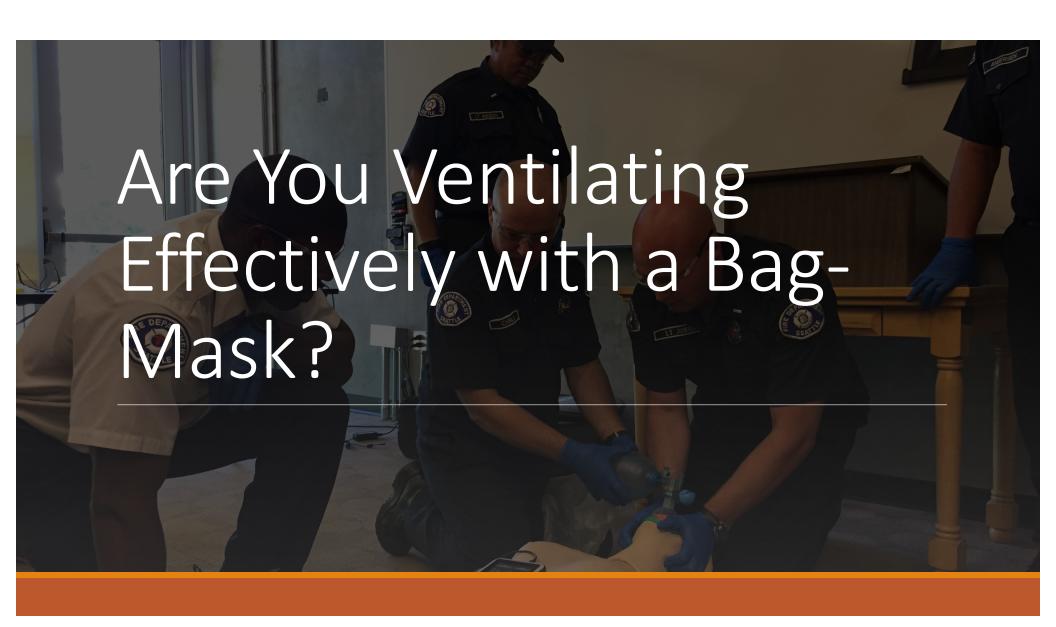




Disclosures

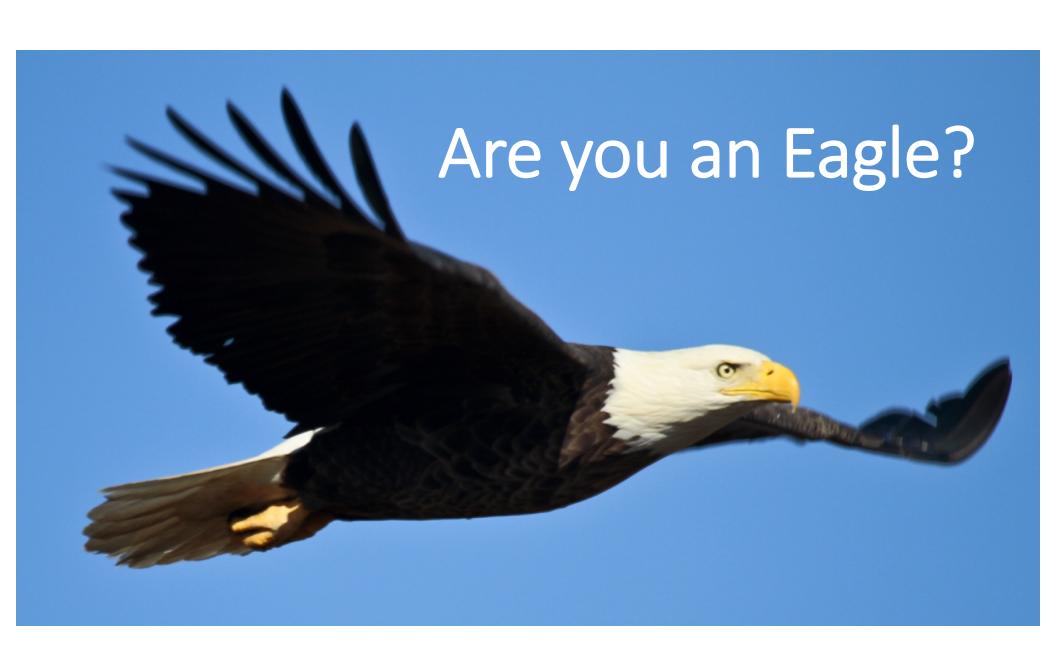
Emergency physician at Harborview Medical Center Professor at University of Washington EMS Medical Director for City of Seattle, Seattle Medic One







Do You Know
What is Really
Happening
During EMS
Airway
Management?



OPEN ACCESS Check for updates



EVALUATION OF PHYSIOLOGIC ALTERATIONS DURING PREHOSPITAL PARAMEDIC-PERFORMED RAPID SEQUENCE INTUBATION

Robert G. Walker, BA D, Lynn J. White, MS D, Geneva N. Whitmore, MPH, Alexander Esibov, BS, Michael K. Levy, MD , Gregory C. Cover, MD, Joel D. Edminster, MD, James M. Nania, MD, FACEP



EMS CARE SUMMARY

Seattle Fire Department		Incident	Run	Date		
PATIENT	COMPLAINT					
	skull fracture					
Male, 58 Years	unc/unr					
DOB						
Weight 200.0lbs - 90.7kg	NARRATIVE					
ADDRESS	58 yo male found down on front porch by neighbor. BLS arrived to find pt unc/unr w gcs 3. vitals,bb/cc, trauma doc, iv lr, etomidate 20 mg, suxx 150 mg, failed intubation attempt, recontact trauma doc, etomidate 20 mg, roc 100 mg, intubation 7.5 tube with					
PAST HISTORY	bougie, mist in tube, positive lur			ds, etco2 53, o2		
Unable to Obtain - Other Reason	93, midaz 5 mg, morphine 10 mg	g, tx to hmc w m16.				
	VITALS					
ALLERGIES	Initial 20:03:43 P 82, R 12, BP	142/100 , BG 80, G	GCS 6=2+2+2 , R1	TS 10		
Unable to Obtain - Other Reason	Final 20:45:21 P 116, R 21, Et	tCO2 40, SpO2 90				
MEDS	ASSESSMENTS					
Unable to Obtain - Other Reason	20:09:00 Mental Status: Unres Pupil: 3-mm, Right Pupil: 3-mm	ponsive HEENT: H	ead/Face: Blunt	Injury Eyes: Left		
INCIDENT LOCATION	IMPDESSIONS					

IMPRESSIONS Injury of Head Alcohol use

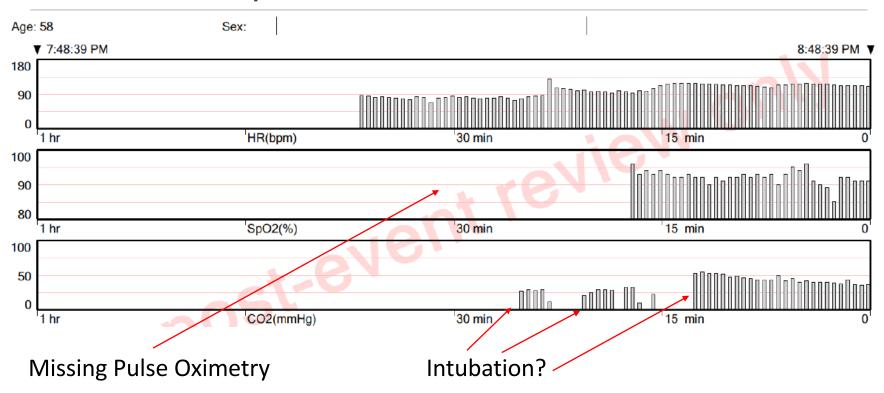
EMS CARE SUMMARY

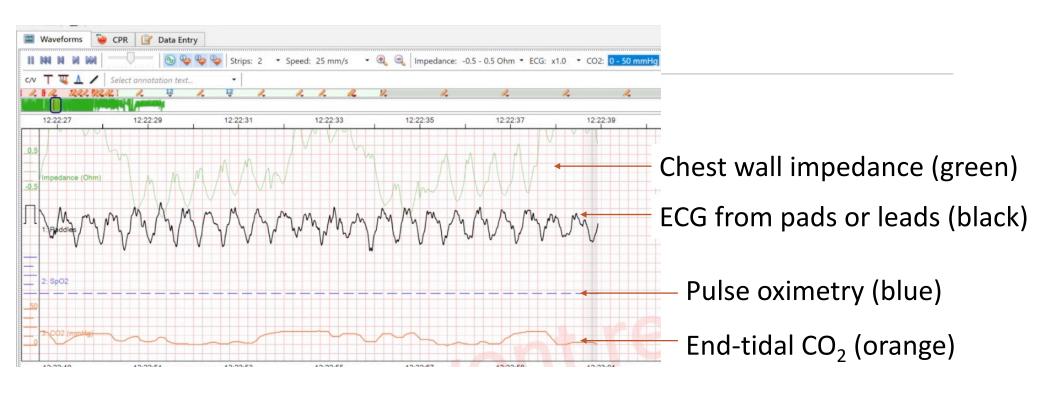
Incident	Run	Date
COMPLAINT		
skull fracture		
unc/unr		
NARRATIVE		
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ASSESSMENTS		
	/Face: Blunt	Injury Eyes: Left
IMPRESSIONS		
Injury of Head		
	COMPLAINT skull fracture unc/unr NARRATIVE 58 yo male found down on front porch by neighbor. BLS gcs 3. vitals,bb/cc, trauma doc, iv Ir, etomidate 20 mg, suxx 13 attempt, recontact trauma doc, etomidate 20 mg, roc 10 bougie, mist in tube, positive lung sounds, negative epi 93, midaz 5 mg, morphine 10 mg, tx to hmc w m16. VITALS Initial 20:03:43 P 82, R 12, BP 142/100, BG 80, GCS 6 Final 20:45:21 P 116, R 21, EtCO2 40, SpO2 90 ASSESSMENTS 20:09:00 Mental Status: Unresponsive HEENT: Head, Pupil: 3-mm, Right Pupil: 3-mm	COMPLAINT skull fracture unc/unr NARRATIVE 58 yo male found down on front porch by neighbor. BLS arrived to fir gcs 3. vitals,bb/cc, trauma doc, iv Ir, etomidate 20 mg, suxx 150 mg, failed attempt, recontact trauma doc, etomidate 20 mg, roc 100 mg, intube bougie, mist in tube, positive lung sounds, negative epigastric sound 93, midaz 5 mg, morphine 10 mg, tx to hmc w m16. VITALS Initial 20:03:43 P 82, R 12, BP 142/100, BG 80, GCS 6=2+2+2, RT Final 20:45:21 P 116, R 21, EtCO2 40, SpO2 90 ASSESSMENTS 20:09:00 Mental Status: Unresponsive HEENT: Head/Face: Blunt Pupil: 3-mm, Right Pupil: 3-mm

What Really Happened?

20:20:48	Oxygen FlowRate: 25 Device: Nasal Cannula (NC) Succeeded								
20:24:09	BP	PULSE 82	RR 15	SPO2	ETCO2 29	BG	PAIN	GCS	
20:24:48	BP	PULSE 80	RR 16	SPO2	ETCO2 27	BG	PAIN	GCS	
20:24:48	Etomidate - 20 M	Etomidate - 20 Milligrams (mg) - Intravenous (IV)							
20:24:54	BP	PULSE 89	RR 17	SPO2	ETCO2 27	BG	PAIN	GCS	
20:24:54	Succinylcholine -	Succinylcholine - 150 Milligrams (mg) - Intravenous (IV)							
20:26:00	BP	PULSE 106	RR 20	SPO2	ETCO2 11	BG	PAIN	GCS	
20:28:56	Orotracheal Intul	Orotracheal Intubation Failed							
20:29:09	BP	PULSE 97	RR 6	SPO2	ETCO2 29	BG	PAIN	GCS	
20:30:13	ВР	PULSE 94	RR 15	SPO2	ETCO2 28	BG	PAIN	GCS	
20:31:36	BP 210/128 A	PULSE 95	RR 13	SPO2 95	ETCO2 33	BG	PAIN	GCS	

Trends Report





Let's Watch the Movie





And 2 minutes later...

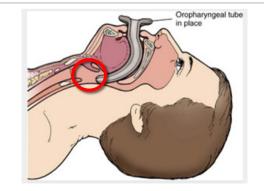




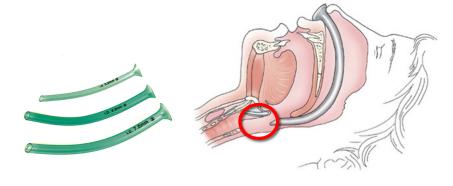
Airway Initiatives

Airway Adjuncts

OrOpharyngeal Airway (OPA)



Nasopharyngeal Airway (NPA)



Gold Standard Mask Seal





Gold Standard Mask Seal

2-person, 2 handed

- EMT at the head controls the airway and the mask
- EMT to the side ventilates by squeezing the bag

What are the signs of poor ventilation?

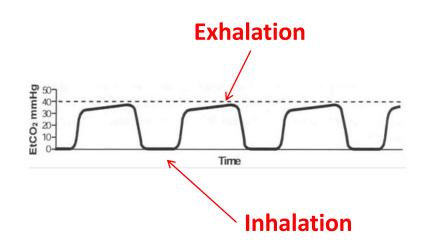


Waveform Capnography

Goal: Maintain end tidal carbon dioxide (EtCO₂)

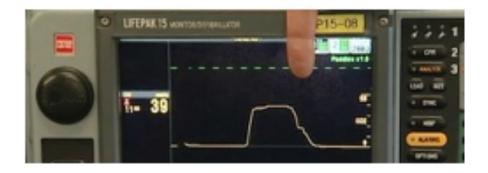
Target: 35-45 mmHg (in general...)

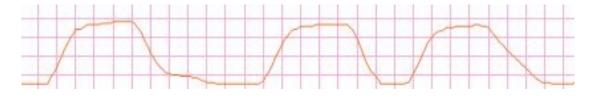
Ventilation modulates EtCO₂



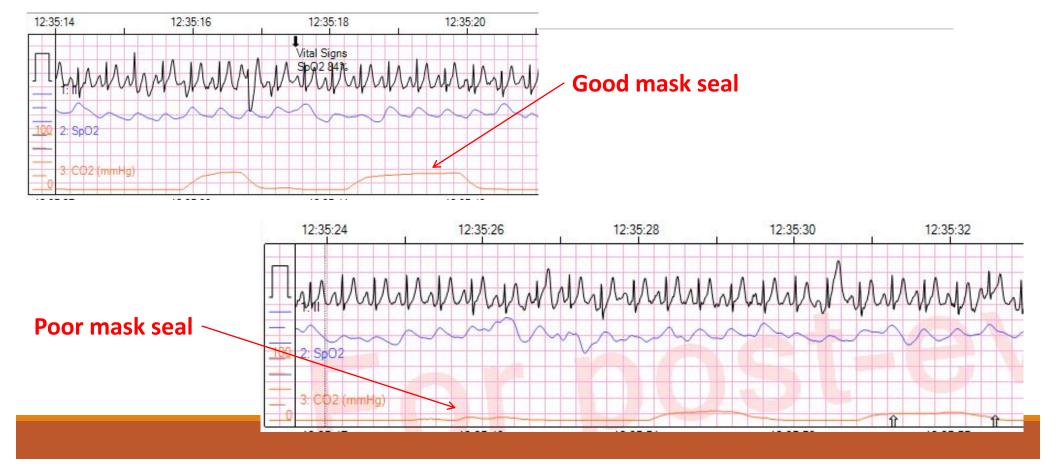
How Do We Confirm Our Mask Seal and Ventilation Effectiveness?

BLS, ALS, Everyone...





EtCO2 and BVM Ventilation



Feedback

Good communication among the team

Inadequate dose of succinylcholine (160 mg vs 200 mg)

• Maybe distracted?

Bag better (almost always with a friend...)

Use your adjuncts

Adequate preoxygenation

Capnography is important to ALL providers



Mr. Success Sneaky Pete

"Do you want to be an Eagle?"

"Or do you want to be a **Shitbird**?"

Be an **Eagle**!

Audio record and review <u>ALL</u> resuscitations and emergent intubations.



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