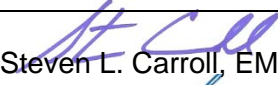



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: air-Q®		Policy Number: 729	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: June 1, 2017	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: June 1, 2017	
Origination Date:	November 13, 2014	Effective Date: June 1, 2017	
Date Revised:	May 11, 2017		
Date Last Reviewed:	May 11, 2017		
Review Date:	May 2019		

- I. Purpose: To define the indications and use of the air-Q.
- 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 according to this policy and Policies 705 and 710. The air-Q may be used as the primary advanced airway device by paramedics who opt to use it during the care of a patient for whom they believe it would be the most appropriate airway management device. Alternately, the air-Q shall be used if BVM ventilation is inadequate and attempts at endotracheal intubation have failed.
- IV. Procedure:
  - A. Indications:
    1. Cardiac arrest.
    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. Preparation:
    1. Sizing:
      - a. Size 3.5 (red top) for women less than 6', men less than 5'6" tall, and any patient whose mouth is too small to accept a size 4.5.
      - b. Size 4.5 (purple top) for women at least 6' and men at least 5'6" tall.
    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. Generously lubricate the entire surface, including the mask cavity ridges.

- D. Placement:
1. Tilt the patient's head back - unless there is a suspected cervical spine injury.
  2. Open the patient's mouth and insert the air-Q so the tube is between the teeth, then elevate the tongue with thumb. The air-Q will serve as a bite block and protect fingers. A laryngoscope may be used if laryngoscopy is performed to inspect for foreign body.
  3. Direct the air-Q between the base of the tongue and the soft palate at a slight forward angle.
  4. 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. Stop when first resistance is felt. Inserting too deeply will worsen the seal. A rocking or wiggling motion works best.
  5. The patient's teeth should be between the tube markings.
  6. Return head to neutral position.
  7. Attach capnography airway adapter and bag-valve device and verify placement by capnography waveform.
  8. If there is any question about the proper placement (e.g., large air leak, airway resistance):
    - a. In and Out Technique: Pull the air-Q back until the bowl is visible under the tongue. Gently wiggle and advance just until a "soft stop" is reached.
    - b. Finger Flick Technique: If large air leak continues, the problem may be that the air-Q tip is still bent backward. With your right hand, pull the air-Q back until the bottom of the bowl is at the level of the teeth. Insert your left index finger, with the back of the finger against the back of the air-Q bowl, to be sure the bowl is straight.
  9. If 2 attempts at air-Q placement are unsuccessful, attempt again to ventilate the patient with BVM.
  10. Secure the air-Q with cloth strap from air-Q package.
  11. If patient vomits, do not remove tube. May turn patient on side, suction both air-Q and oropharynx.
- E. Documentation:
1. Documentation per Policy 1000.