



Airway Management

Airway obstructed

→ YES →

Clear airway

NO
↓

Baseline respiratory rate, effort, MOI, history and ability to oxygenate/ventilate (SPO2/ETCO2)

Does patient meet advanced airway criteria

→ NO →

- Monitor SPO2/ETCO2
- Supplemental oxygen PRN
- NIPPV: (BiPAP, CPAP) PRN

YES
↓

Utilize RSI checklist

YES
↓

Utilize HEAVEN Criteria
If one or more criteria present, consider as difficult airway

- Prioritized Selection of Advanced Airway

 1. Oral endotracheal intubation
 2. Supraglottic airway if not contraindicated
 3. Surgical cricothyrotomy
 4. Needle cricothyrotomy
 5. If unable to secure advanced airway, oxygenate and ventilate using adjuncts

Etomidate 0.3 mg/kg IV/IO
Peds: 0.3 mg/kg IV/IO

OR

Ketamine 1 mg/kg IV/IO (3 mg/kg IM) may repeat x1 as needed
Peds: 1 mg/kg IV/IO (3 mg/kg IM) may repeat x1 as needed

AND

Rocuronium 1 mg/kg IV/IO
Peds: 1 mg/kg IV/IO

OR

Succinylcholine 2 mg/kg IV/IO (4 mg/kg IM)
Peds: 2 mg/kg IV/IO (4 mg/kg IM)

Peds age <12 years 1 - 2 min before RSI, consider atropine 0.02 mg/kg (max 0.5 mg) in high-risk bradycardia scenarios (e.g. succinylcholine use)

Place advanced airway utilizing Bougie for introduction of endotracheal tube

- Verify depth
- Placement by teeth, breath sounds, capnography, attach vent. Reassess with each patient movement.
- Record capnography "snapshot"
- Adequate sedation and analgesia

- Advanced Airway Criteria

 - Impending or failure to oxygenate or ventilate
 - Anticipated clinical course requires intubation
 - Patient is a threat to self and/or others despite attempts to sedate or calm through other means

- HEAVEN

 - Hypoxemia/Hypotension
 - Extremes of size
 - Anatomic disruption/obstruction
 - Vomit/blood/fluid
 - Exsanguination
 - Neck mobility

- KEY POINTS

 - Utilize SALAD technique with Ducanto suction catheter inserted at the beginning of laryngoscopy
 - Ketamine is contraindicated in patients age < 3 months
 - Consider ketamine as first line in hypotensive patients
 - Disconnect BV& ETT during any patient movement/transfer
 - OG/NG with intubated patients (unless contraindicated)
 - Soft restraints
 - Secure airway with commercial device using teeth as landmark

This guideline does not substitute for sound clinical judgment.

<p>DocuSigned by: <i>Nick Lehouillier</i> 7/21/2025 1:44:40 PM CDT</p> <p>Approved by: _____ Nick Lehouillier, RN, Chief Flight Nurse</p>	<p>Signed by: <i>William B. Weir</i> 7/22/2025 8:06:08 AM CDT</p> <p>_____ William B. Weir, MD, Medical Director</p>
---	---

Reviewed 6/11/25 Revised 6/11/25 Posted 7/24/25 Standards and Practice Committee

Reference: Kuzmack E, Inglis T, Olvera D, Wolfe A, Seng K, Davis D. A novel difficult-airway prediction tool for emergency airway management: validation of the HEAVEN criteria in a large air medical cohort. J Emerg Med 2018;54:395-401.