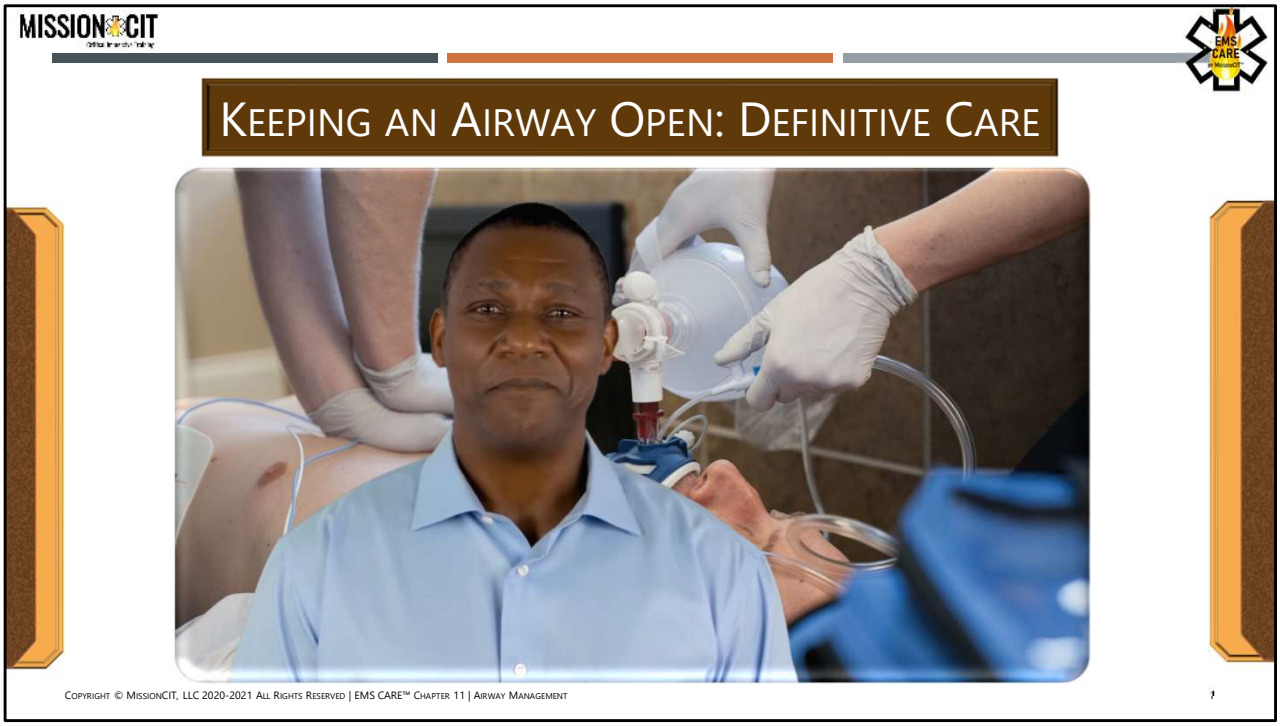
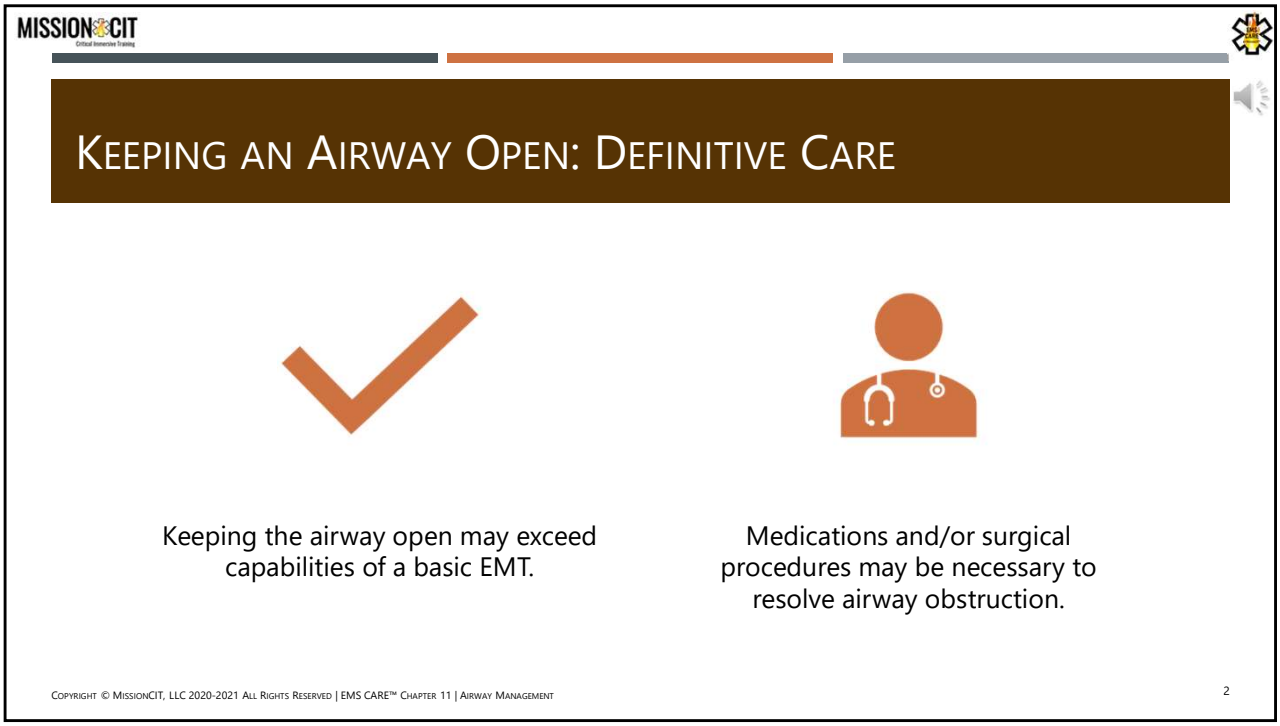


Well, it's good to see you again. I have to admit, as much as I have learned from the MissionCIT instructors, there are times when I still need additional help on a call. This lesson on Definitive Care for keeping an Airway open, will provide some guidance regarding when to call for additional help. Or to quickly transport the patient, while doing your best under the circumstances.

Make sure you have checklists on when to use an Airway, and know how to escalate a call. A handy way to have a mental checklist is to use mnemonics. In this lesson, we will review, BE FAST, and LEMON, to help you quickly assess the efficacy of an airway. Bottom line, be prepared, know your limitations as an EMT and get help when you need it.



So how and when do you know when the situation is beyond your training? When assessing the patient, If you find yourself with any of the following conditions, it may be time to reevaluate your plan.

First, be sure you are aware of the Advanced Life Support units in your area, and their capabilities. And be cognizant of the nearby hospital units that have the resources your patient may require.

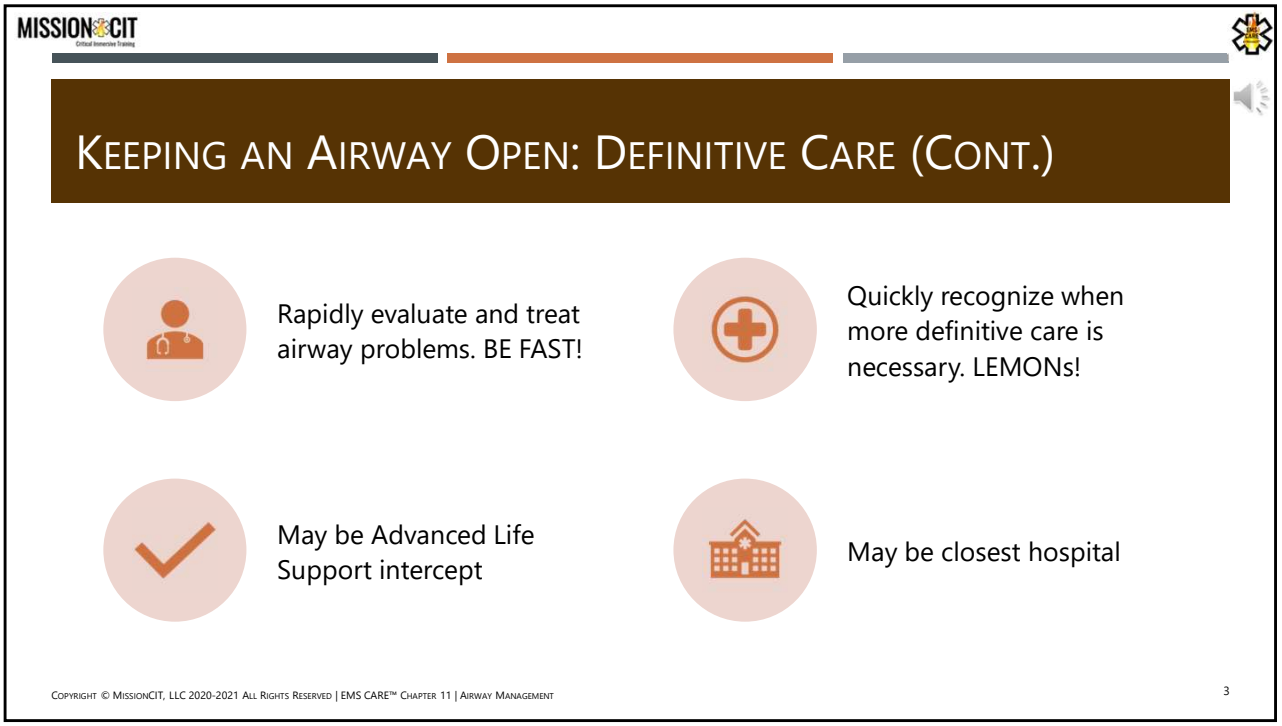
So here are some indications requiring Airway management that you will likely encounter.

- First, a diminished level of consciousness with concern for the loss of airway control; this refers to a Glasgow coma scale, less than 8.
- Next, hypoxemic or hypercarbic respiratory failure.
- A cardiac arrest.
- A risk of aspiration with vomiting, secretions, or blood.
- And airway obstruction,

So, what are we considering that is beyond the EMT training. Some conditions may be similar to what we have already covered with O P A and NPA devices. But, sometimes that's not enough. The patient may require Medications, and/or surgical procedures to resolve an airway obstruction.

Your unit or department will have protocols to identify definitive indications for the

use of medications, or for field intubation. Your Standard Operating Procedures will help guide you to the appropriate action. And don't forget your remote medical command can also provide real-time guidance to the field, to help improve outcomes.



So you already know that it is imperative to keep an airway open. And you know that you have to do the following:

1. Rapidly evaluate and treat airway problems.
2. Quickly recognize when more definitive care is necessary.
3. Consider an Advanced Life Support intercept.
4. Or evaluate transporting to the closest hospital.

One of my more helpful acronyms to quickly identify the most common difficult airway predictors is BE FAST. That stands for:

- B for Blood,
- E for Emesis or vomit
- F is for Facial trauma
- A is for Airway edema or swelling
- I is for when immobilization of the spine or short neck is indicated
- And T is an for enlarged Tongue

Or if you prefer LEMON, the L E M O N is a mnemonic for:

- L: Look externally; these include External indicators of either difficult intubation, or difficult ventilation, such as the presence of a beard or moustache, abnormal facial shape, extreme cachexia, edentulous mouth, facial trauma, obesity, large, front teeth or “buck teeth”, high arching palate, receding mandible, or short bull neck.

- E: Evaluate the 3-3-2 rule; this is where 3 fingers between the patient's teeth where the patient's mouth should open adequately to permit three fingers to be placed between the upper and lower teeth; 3 fingers between the tip of the jaw and the beginning of the neck or under the chin and 2 fingers between the thyroid notch and the floor of the mandible or top of the neck
- M: is for the Mallampati score; this refers to the four classes of the patient's mouth anatomy ranging from easy to difficult that we covered in a prior lesson.
- O: is for Obstruction such as such as tumor, abscess, epiglottis, or expanding hematoma.
- N: is for Neck Mobility; Ask the patient to place their chin on their chest and to tilt their head backward as far as possible. Obviously, this will not be possible in the immobilized trauma patient.

And please, try to practice these mnemonics on your next call.

THINK ABOUT IT

- If you were not able to manage an airway at the basic level, what advanced resources might be available to you?



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Many airways will need more advanced intervention. Advanced care could come in the form of an ALS intercept or could be obtained by transporting to the nearest hospital.

Advanced Life Support (ALS) is an essential level of out-of-hospital medical care. Various predictors indicate that under ordinary situations 5 to 25 percent of all calls in a system, will be for patients in need of ALS care.

It is important, that every pre-hospital patient needing ALS care, receive it without delay. And that all are transported to definitive care at a hospital in a timely fashion.

In addition, between 1 to 3% of patients who require endotracheal intubation, have airways that make intubation difficult. Recognizing those patients who may have a difficult airway, enables the E M T to make informed decisions. You may have to decide to call for A L S, or first communicate with the Medical Command, and/or begin transport.

As we discussed, the mnemonic, LEMON, is useful in evaluating patients for signs that may be consistent with a difficult airway. Any adverse condition, should raise the E M T's level of suspicion.

So, that's the end of this lesson. I hope you found this useful. Now, Missah is up next and I will be back after that.

Good studying!