

CRITICAL AIRWAY

I. All Region XI Participating Hospitals collectively contribute to the safety of patients transported by EMS providers. In rare circumstances it may be necessary for EMS providers to require a Participating Hospital to assist in the emergency airway stabilization of patients being transported to another Participating Hospital.

II. NON-TRAUMA AIRWAY POLICY (STEMI OR STROKE TRANSPORTS):

A. In the event that a patient under EMS care cannot be intubated or effectively ventilated using either supraglottic airway or bag mask ventilation, the transporting ambulance may use discretion in revising the transport destination. In these rare “cannot ventilate” scenarios, the Paramedic should contact online medical control, to determine the closest appropriate facility for emergency airway stabilization and further care.

III. TRAUMA AIRWAY POLICY:

A. In the event a trauma patient cannot be ventilated effectively by EMS providers during transport to a Trauma Center, EMS providers should contact online medical control to determine if diverting to another non-trauma center hospital for airway assistance/stabilization is advised. Whenever possible, the transporting EMS providers/base station should notify the non-trauma center hospital of the need for trauma airway stabilization in advance of arrival.

B. In the event that a trauma patient is diverted to a non-trauma center for emergency airway stabilization, the transporting ambulance will remain with the patient and will continue the transport to the intended/closest trauma center upon stabilization of the airway by the participating non-trauma center hospital. The non-trauma center hospital should notify the receiving Trauma Center of the airway stabilization provided. The EMS providers must also re-contact the assigned Resource Hospital base station with an update to ensure that the receiving Trauma Center is also notified by the Resource Hospital of airway stabilization, transport delay, and revised ETA.

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