



## Standards Procedure (Skill) Airway Section Airway: BIAD-Laryngeal Mask Airway (LMA)

### NOT IN USE BY UNION EMS

|   |           |   |
|---|-----------|---|
|   | EMR       |   |
| B | EMT       | B |
| A | AEMT      | A |
| P | PARAMEDIC | P |

#### Clinical Indications for Blind Insertion Airway Device (BIAD) Use:

- Inability to adequately ventilate a patient with a Bag Valve Mask or longer EMS transport distances require a more advanced airway.
- Inability to secure an endotracheal tube in a patient who does not have a gag reflex where at least one failed intubation attempt has occurred.
- Appropriate intubation is impossible due to patient access or difficult airway anatomy.
- **This airway does not prevent aspiration of stomach contents.**

#### Clinical Contraindications:

- Deforming Facial Trauma
- Pulmonary Fibrosis
- Morbid Obesity

#### Procedure:

1. Select the appropriate tube size for the patient.
2. Check the tube for proper inflation and deflation.
3. Completely deflate the tube prior to insertion.
4. Lubricate with a water-soluble jelly.
5. Pre-Oxygenate the patient with 100% Oxygen
6. Insert the LMA into the hypopharynx until resistance is met.
7. Inflate the cuff until a seal is obtained.
8. Connect the LMA to an ambu bag and assess for breath sounds and air entry.
9. **Confirm tube placement using end-tidal CO<sub>2</sub> detector or esophageal bulb device.**
10. Monitor oxygen saturation with pulse oximetry and heart rhythm with ECG
11. **EtCO<sub>2</sub> monitoring is mandatory following placement of a BIAD once available on scene**
12. Re-verify LMA placement after every move and upon arrival in the ED
13. Document the procedure, time, and result (success) on/with the patient care report (PCR)
14. **It is strongly recommended that an Airway Evaluation Form be completed with any BIAD use.**

#### Certification Requirements:

- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System. Assessment should include direct observation once per certification cycle.