process. Passive warming (multiple sheets or blankets) techniques are frequently necessary to preserve body temperature.

f. Continually Monitor: Monitor the patient for changes in condition and document vital signs every 5 minutes for unstable patients and every 15 minutes for stable patients. Assess and record a minimum of two sets of vital signs for each patient transported.

g. Event Sequence: Application of the above sequence of events in the evaluation of a patient will vary depending on the patient's condition. EMT's and paramedics are to use their best judgment when initially evaluating a patient. Necessary treatment takes precedence over completing a history and physical.

7.02 Airway Management

Pulse Oximetry shall be assessed and maintained on all pulsatile patients requiring ventilation assistance.

A. Two Person Bag-Valve-Mask Ventilation [BLS/ALS]
1. Insert appropriately sized oropharyngeal airway and/or nasal trumpet.
2. Whenever possible, two-persons should operate a bag-valve-mask device.
3. Rescuer #1 uses both hands to form a tight mask-to-face seal. Use pads of thumbs to press mask to face, wrap fingers beneath jawbone to raise jawbone toward mask.
4. Rescuer #2, after ensuring 100% oxygen is being delivered to reservoir bag, delivers one second ventilations which produce visible chest rise.

B. One Person Bag-Valve-Mask Ventilation [BLS/ALS]
1. Insert appropriately sized oropharyngeal airway and/or nasal trumpet.
2. Use non-dominant hand to form a C-clamp (thumb over mask at bridge or patient's nose, index finger over mask over the patient's chin, remaining fingers wrapped beneath patient's jaw) forming a tight seal between the mask and the patient's face.
3. Dominant hand is then used to squeeze the bag, delivering one second ventilations which produce visible chest rise.

Note: Overaggressive squeezing of the bag will generate high airway pressures and force air into the esophagus and stomach.

C. Orotracheal Intubation [ALS]
1. If present, video laryngoscopy should be the primary method of orotracheal intubation in adults/adolescents. Use of the bougie may also be used primarily as an airway adjunct. Utilize direct larygoscopy for children/infants/neonates, or if a video laryngoscope is not present.
2. Place pulse oximetry on patient and pre-oxygenate the patient with Bag-Valve-Mask Ventilation (and oropharyngeal or supraglottic airway if tolerated) to maximize pre-intubation oxygen saturation.
3. Prepare all required equipment
•Laryngoscope - If unit has video layrngoscope, verify battery is inserted and scope turns on. For children/infants/neonates or personnel without video laryngoscope, ensure appropriate sized blade with a functional light.
•Turn suction on and verify working with yankauer attached.
•Select appropriately sized endotracheal tube and verify integrity of the cuff/pilot balloon, and stylet placed in tube. Utilize Pediatric Dosing Guidelines for pediatric ET tube sizes.
•Have bougie tube introducer available, along with other ET tube sizes as needed.