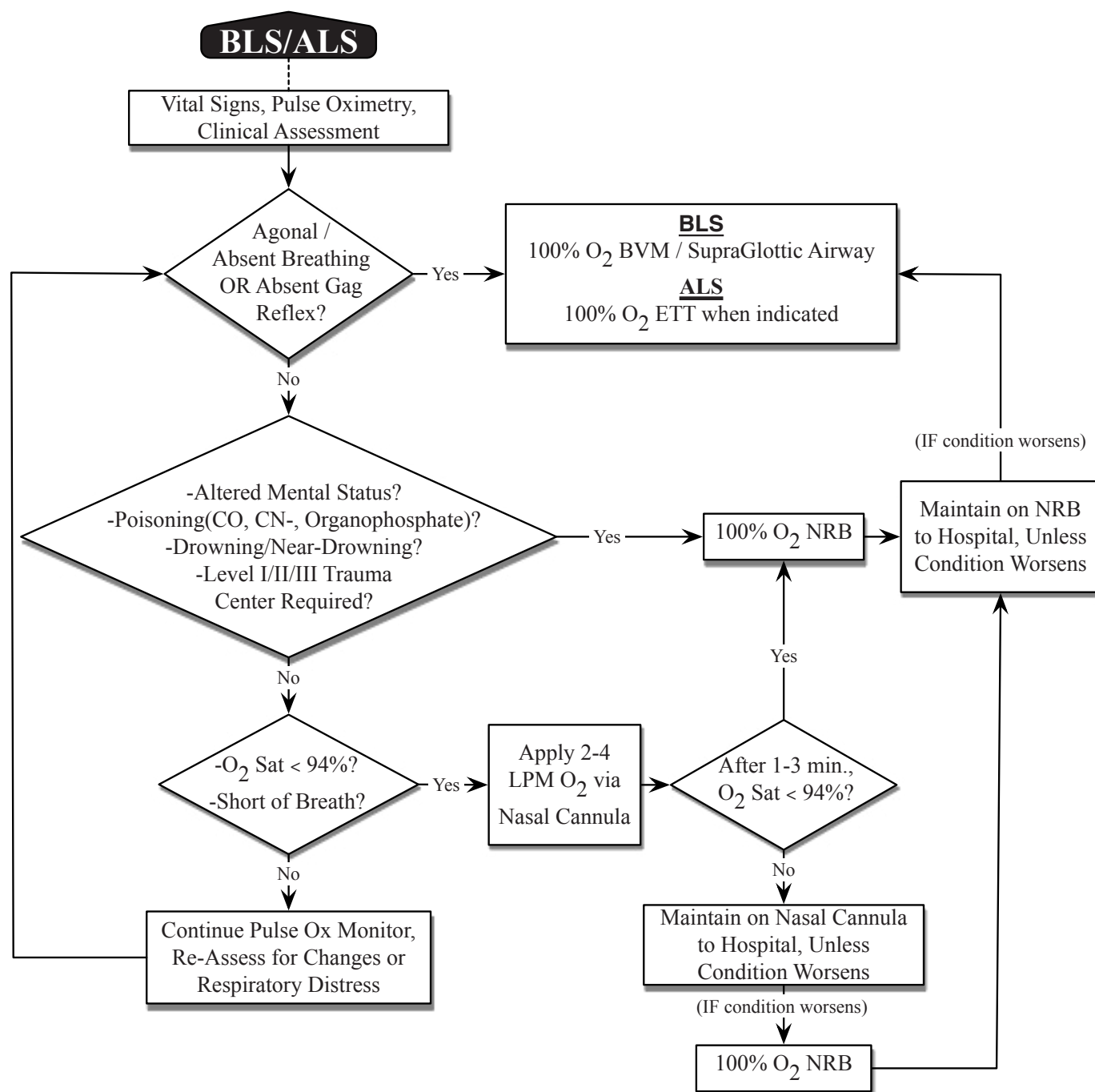


**Table 7-8 : Oxygen Therapy Guideline**



**N. Tracheostomy Care [BLS/ALS]**

**1. Obstructed tracheostomy**

- a. If a mucous plug is suspected, select an appropriately sized suction catheter.
- b. Insert 1 – 2 ml of normal saline in tracheostomy.
- c. Insert suction catheter into tracheostomy and suction as you are withdrawing the catheter.
- d. If obstruction does not clear, remove tracheostomy tube.
- e. If patient is not in respiratory distress after tracheostomy tube is removed, provide O<sub>2</sub> via guideline and initiate transport to the hospital.
- f. If patient is in respiratory distress after tracheostomy is removed, insert a bougie into the stoma and attempt to reinsert a new tracheostomy tube over the bougie. Note: for tracheostomy tubes size 5.5 or smaller, do not use a bougie as the tube will not fit over the

- bougie.
  - g. If a new tube is not available, insert an ETT 0.5 size smaller than patient's tracheostomy over the bougie and into stoma and ventilate with BVM ensuring bilateral breath sounds.
  - h. If unable to insert an ETT through stoma, cover the stoma with gauze and BVM via mouth.
  - i. If unable to BVM, consider orotracheal intubation.
  - j. Call on-line medical director for further orders.
2. Dislodged tracheostomy
- a. If tracheostomy is dislodged, assess the patient for respiratory distress.
  - b. If patient is not in distress, provide supplemental O<sub>2</sub> per guideline and initiate transport to hospital.
  - c. If patient is in respiratory distress after tracheostomy is removed, insert a bougie into the stoma and attempt to reinsert a new tracheostomy tube over the bougie. Note: for tracheostomy tubes size 5.5 or smaller, do not use a bougie as the tube will not fit over the bougie.
  - d. If a new tube is not available, insert an ETT 0.5 size smaller than patient's tracheostomy over the bougie and into stoma and ventilate with BVM.
  - e. If unable to insert an ETT through stoma, cover the stoma with gauze and BVM via mouth.
  - f. If unable to BVM, consider orotracheal intubation.
  - g. Call on-line medical director for further orders.

### 7.03 Medication Administration

#### A. Airway Administration – Aerosol [BLS/ALS]

1. Pour medication from storage bottle into medication cup portion of nebulizer and reattach lid.
2. Turn on oxygen and adjust flow rate (6-8 LPM) to generate a mist coming out of the nebulizer.
3. Place the nebulizer mask over the patient's mouth and instruct the patient to breathe as deeply as possible.
4. For patients receiving assisted ventilations (BVM, ET Tube, supraglottic airway or CPAP therapy), utilize the T-Piece to administer nebulized medications if needed.
5. EMT's shall administer Albuterol only to patients who routinely use Albuterol for treatment of their asthma or COPD exacerbations.
6. Albuterol and Ipratropium Bromide can be mixed together in the medication cup portion of the nebulizer if both medications are to be administered.

#### B. Intraosseous – EZ-IO® [ALS]

1. Indications
  - a. Inability to obtain an IV after two attempts by two separate paramedics.
  - b. Patient is unconscious, seizing or suffering from cardiac or respiratory arrest.
  - c. Patient has no contraindications to IO placement.
  - d. Only with approval of on-line medical control, an EZ-IO® may be placed in a conscious or semi-conscious patient who requires emergent medical therapy. Contact medical control early for these situations.
2. Contraindications
  - a. Fracture of the humerus, tibia or fibula. Consider the opposite side if not fractured.
  - b. Previous orthopedic procedures (i.e. knee replacement) at site.
  - c. Any infection over the insertion site.
  - d. An extremity that is compromised by a pre-existing medical condition such as tumor or peripheral vascular disease.
  - e. Inability to locate anatomical landmarks.
  - f. Excessive tissue over the insertion site. This can be determined by powering the needle set