

## West Virginia Department of Health and Human Resources Office of Emergency Medical Services



Actions Possible Awarder Takes or verbalizes body substance isolation precautions Opens the airway manually Connects one-way valve to mask Establishes and maintains a proper mask to face seal Ventilates the patient at the proper volume and rate Connects the mask to high concentration or oxygen Switch to bag/valve mask Ventilate patient at a rate of 10-20 per minute with appropriate volumes via bag/valve mask Directs assistant to assume ventilation and pre-oxygenate patient Student may use either Combitube® or King® Airway	Airway Management						
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	Directs assistant to assume ventilation and pre-oxygenate patient			1			
Combitube King Airway							
Collibitude Nilly All Way	Combitube	King Airway					
Checks/prepares Combitube Checks/prepares King Airway 1	Checks/prepares Combitube	Checks/prepares King Airway		1			
Lubricates distal tip of the device  Lubricates distal tip and posterior aspect of the tube	Lubricates distal tip of the device	•		1			
Positions head properly Positions head properly 1							
Performs a tongue-jaw lift Performs chin-lift unless contraindicated 1				1			
Inserts device in mid-line to depth so printed ring is at level of teeth  Rotate 45 to 90 degrees so blue line is touching the corner of mouth		Rotate 45 to 90 degrees so blue line is		1			
Inflates pharyngeal cuff with proper volume and removes syringe  As tube passes tongue rotate tube back to midline	Inflates pharyngeal cuff with proper volume	As tube pass			1		
Inflates distal cuff with proper volume and removes syringe  Advance airway until base of connector aligns with teeth and gums	Inflates distal cuff with proper volume and			gns	1		
Attaches BVM to the first (esophageal lumen) and ventilates  Inflate cuff using appropriate air volume	and ventilates	Inflate cuff u	sing appropriate air volume		1		
Examiner states, "You do not see rise and fall of the chest and you only hear sounds over the epigastrium."	the chest and you only hear sounds over the						
Attaches BVM to the second (endotracheal placement) lumen and ventilates					1		
Confirms placement and ventilation through							
correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung	auscultation over the epigastrium, and				1		
Note: The examiner confirms adequate chest rise, absent sounds over the epigastrium, and equal	Note: The examiner confirms adequate chest rise, absent sounds over the epigastrium, and equal						
Attaches CO <sup>2</sup> detector, confirms appropriate reading or color change	bilateral breath sounds.  Attaches CO <sup>2</sup> detector, confirms appropriate reading or color change				1		
	Confirms that device remains properly secured						
Total 19/21							



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X	Critical Criteria			
	Failure to initiate ventilations within 30 seconds after taking BSI precautions or interrupts ventilations for greater than 30 seconds at any time.			
	Failure to take or verbalize BSI precautions.			
	Failure to voice and ultimately provide high oxygen concentrations.			
	Failure to ventilate patient at a rate of at least 10/minute.			
	Failure to provide adequate volume per breath (maximum 2 errors/minute permissible).			
	Failure to preoxygenate patient prior to insertion of the device.			
	Failure to insert the device to the proper depth or at proper place within 3 attempts.			
	Failure to inflate cuff(s) properly.			
	Failure to remove the syringe immediately after inflation of cuff(s).			
	Failure to confirm that the proper lumen of the device is being ventilated by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung.			
	Inserts adjunct in a manner dangerous to the patient.			