

**SIERRA-SACRAMENTO VALLEY EMS AGENCY
EMT-I ESOPHAGEAL TRACHEAL AIRWAY DEVICE
TREATMENT PROTOCOL-MEDICAL EMERGENCY**

REFERENCE NO. 877

**SUBJECT: ESOPHAGEAL TRACHEAL AIRWAY DEVICE (ETAD) TREATMENT
GUIDELINES**

PURPOSE:

To define the specific conditions under which S-SV accredited EMT-I personnel may utilize Esophageal Tracheal Airway Device (ETAD).

AUTHORITY:

California Health & Safety Code, Division 2.5, Section 1797.80, 1797.90, 1797.170, 1797.177, 1797.220, 1798.22 and 1798.104.

California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100064.

POLICY:

A. INDICATIONS FOR INSERTION

ALL must be present

- Unconscious
 - No purposeful response
- Absent gag reflex
- Apnea or respiratory rate less than 6/min
- Appears 16 years or older
- Appears at least 5 feet tall

B. Ventilate/Oxygenate the patient for at least 1-2 minutes before attempting insertion

C. CAUTIONS

- Insertion may not take more than 30 seconds
- Do not use excessive force

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Approved:

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SUBJECT: ETAD TREATMENT GUIDELINES

Sequence for Cardiac Arrest
....for ETAD insertion

- Assess ABCs
- Insert oral airway
- Begin CPR
- Attach automated defibrillator
- Rhythm analyzed
- Give 1 shock.
 - Manual biphasic device: device specific (typically 120-200 J). If unknown, use 200 J.
 - AED, device specific
 - Monophasic: 360 J
- Resume CPR immediately
- ETAD insertion - attempt may not exceed 30 seconds
- Only one ETAD insertion attempt during each one minute of CPR.

DOCUMENTATION:

Patient care must be documented on an S-SV EMS Patient Care Report form. Forms are to be submitted to the receiving hospital at the time the patient is delivered to the hospital. If the S-SV EMS Patient Care Report form is not delivered to the receiving hospital with the patient, it must be delivered **NO LATER THAN 24 HOURS** from the time of the incident.

CROSS REFERENCES:

Policy and Procedure Manual

EMT-I Optional Skill: Base Hospital Medical Control Requirements, Reference No. 377.

EMT-I Optional Skill: Service Provider Requirements and Responsibilities, Reference No. 477.

- *Service Provider Application Form - Form, Addendum A.*
- *Status Report Form - Addendum B.*
- *Skill Check Documentation Record - Addendum C.*

Continuous Quality Improvement: EMT-I Optional Skill, Reference No. 620E.

EMT-I Optional Skill: Requirements for Accreditation, Reference No. 977.