

This photo demonstrates rule of twos BVMV. Note one person is holding a tight seal on the mask using the "E-C" grip, one person is squeezing the bag slowly and gently, and a third person is providing cricoid pressure. The head is elevated into the sniffing position since the patient is not in spinal precautions. An OPA and NPA are in-place as well.



If adequate saturations cannot be maintained with optimal BVMV the provider should recognize a missed airway and move immediately to a back-up airway, even if less than 3 attempts have been made. In some rare circumstances, usually when intubating a patient for severe refractory hypoxemia, a missed airway may occur before any attempt at intubation has been made because the saturation falls as soon as RSI medications are administered and the patient cannot be adequately oxygenated with BVMV.

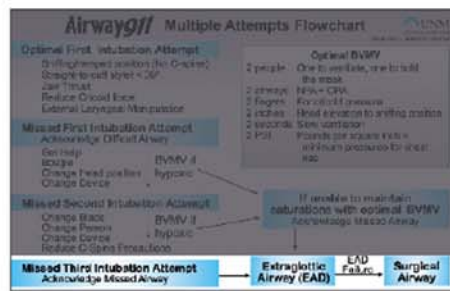
What is RSA and how is it different?

RSA stands for Rapid Sequence Airway. This is a new airway concept particularly well-suited to prehospital settings. In RSA, all the ten P's of RSI are utilized, including paralysis and induction, but an EAD is placed without any planned attempt at laryngoscopy. This is different than a situation in which intubation was planned but fails, even if that failure occurs before any attempt at laryngoscopy. It is all a matter of intent. See Chapter 7 for more information on RSA.



The Missed Third Attempt

As previously discussed in Chapter 2, intubation attempts should generally be limited to three – the “Three strikes and you’re out” rule – unless there is some compelling reason to believe you will be successful on the next attempt and intubation is the only acceptable way to manage the patient.



For example, the patient has upper airway edema secondary to inhalation burns - therefore not a good candidate to be managed with an EAD - and a more experienced intubator has arrived. This would be a reasonable exception to the rule. In most other cases it is now appropriate to declare a missed airway and move to a back-up airway. In some systems, there has been a move to optimize the first intubation attempt and move to declaring a missed airway after only 2 attempts.

