

Clinical Indications for Blind Insertion Airway Device (BIAD) Use:-

- Inability to adequately ventilate a patient with a Bag Valve Mask or longer EMS transport distances require a more advanced airway
- Inability to secure an endotracheal tube in a patient who does not have a gag reflex where at least one failed intubation attempt has occurred
- Appropriate intubation is impossible due to patient access or difficult airway anatomy
- **This airway does not prevent aspiration of stomach contents**

Contraindications:

- Deforming facial trauma
- Pulmonary fibrosis
- Morbid obesity

LMA Insertion Procedure:

1. Select the appropriate tube size for the patient
2. Check the tube for proper inflation and deflation
3. Completely deflate the tube prior to insertion
4. Lubricate with a water-soluble jelly
5. Pre-Oxygenate the patient with 100% Oxygen
6. Insert the LMA into the hypopharynx until resistance is met
7. Inflate the cuff until a seal is obtained
8. Connect the LMA to an ambubag and assess for breath sounds and air entry
9. **Confirm tube placement using end-tidal CO₂ detector or esophageal bulb device**
10. Monitor oxygen saturation with pulse oximetry and heart rhythm with ECG
11. **It is strongly recommended that the airway (if equipment is available) be monitored continuously through waveform capnography and pulse oximetry.**
12. Verify LMA placement after every move and upon arrival in the ED
13. Document the procedure, time, and result (success) in the patient care report (PCR)
14. **It is strongly recommended that an Airway Evaluation Form be completed with any BIAD use**

