

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

- Inability to adequately ventilate a patient with a Bag Valve Mask.
- Appropriate intubation is impossible due to patient access or difficult airway anatomy.
- Inability to secure an endotracheal tube in a patient who does not have a gag reflex or has been induced where at least one failed intubation attempt has occurred.
- Patient must be unconscious.

Procedure:

1. Preoxygenate and hyperoxygenate the patient.
2. Select the appropriate tube size for the patient.
3. Lubricate the tube and attach ETCO₂ device if available.
4. Grasp the patient's tongue and jaw with your gloved hand and pull forward.
5. Gently insert the tube rotated laterally 45-90 degrees so that the blue orientation line is touching the corner of the mouth. Once the tip is at the base of the tongue, rotate the tube back to midline. Insert the airway until the base of the connector is in line with the teeth and gums.
6. Inflate the pilot balloon with 45-90 ml of air depending on the size of the device used.
7. **Ventilate the patient while gently withdrawing the airway until the patient is easily ventilated.**
8. Auscultate for breath sounds and sounds over the epigastrium and look for the chest to rise and fall.
9. The large pharyngeal balloon secures the device.
10. **Confirm tube placement using end-tidal CO₂ detector.**
11. **It is strongly recommended that the airway (if equipment is available) be monitored continuously through Capnography and Pulse Oximetry.**

Certification Requirements:

Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the Survival Flight Medical Director. Assessment should include direct observation at least once per certification cycle.