SGAs in Cardiac Arrest: Are we Missing Obstructed Airways?

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Priorities in Cardiac Arrest: CAB

• HUGE EMPHASIS ON COMPRESSIONS, AS THERE SHOULD BE
  • Top quality compressions
  • Immediate start
  • Minimal pauses
  • Compression fraction
  • Perhaps Autopulse or LUCAS

• A & B with much less emphasis for the past several years!
  • Unless OBVIOUS respiratory arrest came first
Multiple choices for A & B

- Passive oxygenation/ventilation
- Bag-Mask ventilation 30:2 (or less breaths)
- Pause for BM Ventilation vs. interposed breaths
- ETT vs. SGA as first line for advanced airway
  - Many EMS protocols use SGA as first line (no ETT attempt)
  - If SGA then there is no look at the airway
  - Then no pauses in compressions for breaths
46 yr old woman in cardiac arrest

- Family: Sudden collapse with seizure
- Witnessed arrest, bystander CPR, asystole as initial rhythm
- BLS/BMV/ACLS/Autopulse in cramped kitchen
- Protocol: “ETT preferred but Officer judgment” re iGel vs ETT
- iGel “with chest rise” but waveform CO2 not working so pulled it
- Unsuccessful ETT so transport with B-M-Ventilation
- Considering Hs and Ts—then ED MD found another H
“H” is for Ham
# Airway Assessment Mnemonics

<table>
<thead>
<tr>
<th>Difficult B-M-Ventilation</th>
<th>Difficult laryngoscopy/ETT</th>
<th>Difficult SGA</th>
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</thead>
<tbody>
<tr>
<td>Mask seal</td>
<td>Look at the airway/anatomy</td>
<td>Restricted mouth opening</td>
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<tr>
<td><strong>Obstruction/Obesity</strong></td>
<td>Evaluate the 3-3-2 rule</td>
<td><strong>Obstruction</strong></td>
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<tr>
<td>Age &gt; 55</td>
<td>Mallampati</td>
<td>Distorted/disrupted airway</td>
</tr>
<tr>
<td>No teeth</td>
<td><strong>Obstruction</strong></td>
<td>Stiff lungs or C spine</td>
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<tr>
<td>Stiff lungs</td>
<td>Neck Mobility</td>
<td></td>
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<tr>
<td>MOANS</td>
<td>LEMON</td>
<td>RODS</td>
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</tbody>
</table>
Witnessed vs. Unwitnessed Obstructions

- **Witnessed Choking = Obvious**

- **Unwitnessed Choking = Very possible for EMS to miss**
  - With so much emphasis on chest compressions, it’s harder to assess for patent airway!!
  - Without BMVent, no look/feel for chest rise & compliance
  - Without laryngoscopy, not even a look-see
  - With termination in the field, we’ll never know
To the Airway Medic (and Team Leader)

- Do not forget “A”!
- REALLY DO CHECK FOR CHEST RISE
- Feel for compliance when giving breaths
- Must have waveform capnography with SGAs too
- Only you know what you saw—or didn’t
- If not SURE of patent airway, SAY SO

- IF NO ROSC, besides the Hs and Ts, drop back to A:
  - TAKE A LOOK AT THE AIRWAY!!
  - Especially if no laryngoscopy was done before...
Arrest: ETT/SGA confirmed
Practice, Practice, Practice

Thanks to Steve Berry!