



June 1, 2009

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MEMORANDUM #2009-3 – MEDICAL DIRECTIVE

FROM: Saginaw Valley Medical Control Authority
Office of the Medical Director

SUBJECT: Non-Invasive Ventilation & King Airway Usage

On April 1st, 2009, the Saginaw Valley Medical Control Authority enacted new guidelines and procedures that outline our general operating policies and pre-hospital procedures. Two significant changes occurred with this update: The additions of Non-Invasive Ventilation (CPAP) & the King Airway. Although both procedures have been added to our policies, there is no current protocol in existence to allow for the use of either of these treatments. Therefore, while protocols are being developed, an interim medical directive is being provided below:

Effective immediately, Non-Invasive Ventilation (CPAP) and the King Airway may now be used by both BLS and ALS providers within the SVMCA Zone provided they have completed an SVMCA approved education program, specific to both procedures, administered by their agency.

The King Airway may be used in lieu of a Combitube for unconscious or apneic patients that require airway protection and ventilatory support. All providers should recall that the King Airway is to be sized properly according to the patient's height and placement is to be verified by a colorimetric CO₂ detection device or capnography.

CPAP has proven to be beneficial in cases of acute pulmonary edema and constrictive respiratory distress where the patient has spontaneous respirations but increased work of breathing. Specifically, it increases functional residual capacity in the lungs which distends the aveoli and creates improved gas exchange. Additionally, the use of CPAP increases the effects of bronchodilators when used concurrently. However, CPAP can cause or exacerbate hypotension and thus patients with a blood pressure < 90mmHg should not receive the therapy. A complete list of indications and contraindications may be found in the SVMCA *Non-Invasive Ventilation* procedure.

We look forward to completing new protocols system-wide in the near future where both treatments will be addressed in more detail. This medical directive will be considered rescinded at that time. Questions regarding these, or any other guidelines or procedures may be directed to the Office of the Medical Director.

Noel Wagner, MD
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