



**MIDSTATE REGIONAL EMERGENCY MEDICAL
ADVISORY COMMITTEE
EMS ADVISORY**

NUMBER	<i>17-05</i>
DATE	<i>February 7 2017</i>
SUBJECT	<i>Regionally Approved Alternative Airways</i>

PURPOSE

Approval of “Alternative Airway Devices” for use by Midstate Advanced Providers

BACKGROUND

Reference NYS Collaborative EMS Protocol 2-5 General Airway Management and Oxygen Delivery

LIMITATIONS

For use by Midstate Advanced Care Providers

EXPECTATIONS

Combitube or equivalent, LMA, Dual Lumen Airway, King Airway or equivalent may be used as an alternative airway

Approved surgical airway is the *QuickTrach*® emergency cricothyroid device or equivalent

Specific devices and training is the responsibility of the Agency and Agency Medical Director