Sedation-Analgesia
Airway Rescue
Procedure
Any emergency occurrence from initiation of sedation-analgesia until discharge criteria are met:

- loss of protective reflexes
- lack of patient purposeful response to repeated verbal/pain stimuli (unanticipated level IV sedation)
- Unstable vital signs (new dysrhythmias, hypotension, respiratory failure, low SpO₂ despite supplemental oxygen, etc.)
The following should be done in the event that a patient undergoing moderate sedation unexpectedly loses his or her ability to independently maintain ventilation:

- First, stimulate the patient. Discontinue the procedure, call for help, alert the attending overseeing the care
- Provide jaw lift and provide supplemental oxygen via oxygen mask
- If still not breathing, ensure there is an open airway and bag-valve-mask ventilate. Use nasal or oral airways if necessary
- Consider reversal Agents
Opening Airway
Head Tilt-Chin Lift

Sedation- Analgesia
Airway Rescue Procedure
Opening Airway
Jaw Thrust Without Head Tilt
Opening Airway Oral Airways

Sedation-Analgesia

Airway Rescue Procedure
The proper length of the airway should approximate the distance between the chin and the angle of the jaw.
Opening Airway
Inserting Oral Airway
The oral airway works by separating the tongue and the back of the throat. Use a tongue depressor to position the oral airway behind the tongue. DO NOT simply push the oral airway into the mouth. Doing so will merely exacerbate the airway obstruction.
During Rescue, the Qualified Sedation-Analgesia Personnel Must:

- Stay with patient and halt the procedure
- Notify responsible attending immediately
- Begin interventional measures: airway, breathing, circulation
- Initiate ACLS as needed
- Return to documentation of q 5 minutes VS
- Consider reversal agents
- Activate the center’s code blue system or notify anesthesia services for assistance as required

CALLING FOR HELP IS NOT A SIGN OF WEAKNESS