Medical Procedure **Date: 07/01/2025**

Continuous Capnography **Policy #7020**

I. Purpose: To establish guidelines, and the standard procedure for continuous capnography use in the pre-hospital setting.

II. Authority: Health and Safety Code, Section 1797.220, 1798. Title 22, Section 100170.

III. Policy:

A. The use of continuous capnography requires annual maintenance and testing completion for all providers.

B. This policy is to be used for:

1. Patients requiring any airway intervention including but not limited to: jaw thrust, chin tilt, OPA, NPA, BVM, SGA, CPAP, or BiPAP
    a. If BLS providers are providing airway or ventilation interventions, ALS should be requested as soon as this issue is identified, to ensure any ALS skills begin as soon as possible in clinical assessment.
2. Intubated patients or those requiring laryngoscopy
3. Respiratory distress/failure
4. Cardiac arrest
5. Trauma
6. Sepsis/Systemic Inflammatory Response Syndrome (SIRS)
7. Intoxication – suspected or confirmed
8. Altered mental status
9. Patients clinically appearing unstable or at high risk of decompensation
10. Current or impending airway, breathing, circulation or ventilation issues

IV. Documentation

A. Indications requiring documentation:

1. The clinical indications listed above in section III.
2. The following procedures:
    a. Pre intubation (endotracheal tube or supraglottic airway) EtCO2 (while receiving pre-oxygenation with nasal cannula and BVM/NRB)
    b. Post intubation EtCO2 (ETT and SGA insertion/confirmation)
    c. Death pronouncement (on scene)
3. Documentation must be completed at turn over (to the ED, higher level of prehospital care, or flight crews)

V. Procedure

A. Continuous capnography will be used for all airway, respiratory and ventilatory procedures in Imperial County. The target range will be between 35-45 mmHg, in patients with a pulse, while providing adequate ventilation.

B. Continuous capnography strips should be attached to ePCR for all CPR, respiratory distress or arrest, following airway interventions, with acutely ill or unstable patients, or per the providers' discretion.

VI. Certification Requirements:

A. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the Imperial EMS System.

B. Assessment should include direct observation at least once per certification cycle.

APPROVED:

SIGNATURE ON FILE – 07/01/25

Katherine Staats, M.D. FACEP

EMS Medical Director