

Medical Procedure
Continuous Capnography**Date: 02/01/2021**
Policy #7020**I. Purpose:**

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

II. Authority:

- A. 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 ALS 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
 2. Intubated patients or those requiring laryngoscopy
- C. Respiratory distress/failure
- D. Cardiac arrest
- E. Trauma
- F. Sepsis/Systemic Inflammatory Response Syndrome (SIRS)
- G. Intoxication – suspected or confirmed
- H. Altered mental status
- I. Patients clinically appearing unstable or at high risk of decompensation
- J. Current or impending airway, breathing, circulation or ventilation issues

IV. Documentation

- A. All uses of EtCO₂ must be documented.
- B. Indications requiring documentation:
 1. The clinical indications listed in Section III B-J
 2. The following procedures:
 1. Pre intubation (Endotracheal tube or Supraglottic Airway) EtCO₂ (while receiving BVM ventilation)
 2. Post intubation EtCO₂ (ETT and SGA insertion/confirmation)
 3. And documentation must be completed at Turn Over (to the ED, higher level of prehospital care, or flight crews) or
 4. Death Pronouncement (On Scene)

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 CPR, respiratory distress or arrest, following airway interventions, with acutely ill or unstable patients, or per the providers' discretion.

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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

Katherine Staats, M.D.

EMS Medical Director