**DISCLAIMER! If your patient starts to crash, the correct first step is to get your attending**

Airway does not equal intubation?!

- You don’t have minutes. You have 60 SECONDS
- Intubation can kill critical patients (http://emcrit.org/podcasts/intubation-patient-shock/)

**The ABCs**

1) Suction
2) Move the Tongue
   - Head Tilt, Jaw Thrust, Chin Lift
   - NP and OP Airway Adjuncts
3) Add FiO2
   - Non Rebreather Mask (Breathing)
   - Bag Valve Mask (Not Breathing)
4) Add PEEP
   - Ask for BiPAP (Breathing)
   - Ask for Intubation Equipment (Not Breathing)
5) Fill the Tank
   - Fluid Bolus
6) Find Clogged Pipes
   - Tension Pneumothorax
   - Pulmonary Embolism
   - Cardiac Tamponade
7) Squeeze Broken Pipes
   - Oropharyngeal Airways
   - Nasopharyngeal Airways
8) Check the Pump
   - Vasopressors
9) EKG

**Approach to Airway**

1) Suction
   - IMMEDIATELY suction when the patient is Vomiting, Gurgling, Choking, etc.
2) Move the POSTERIOR Portion of the Tongue
   - Head Tilt
   - Chin Lift
   - Jaw Thrust
   - Oropharyngeal Airways
   - Nasopharyngeal Airways

**I know what you are thinking.. YES! Pre-Intubation airway management is only TWO STEPS. Keep it simple, and move on to the Bs and the Cs**