



## LMA-S TRIAL STUDY

POLICY NO: **9818**

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AUTHORITY: California Health and Safety Code, Division 2.5 EMS, Sections 1797.220 & 1797.221

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### 9816.1 Purpose

- a. The purpose of this policy is to:
  - a. Define the circumstances under which a Paramedic may insert a Laryngeal Mask Airway-Supreme (LMA-S) while practicing within the Coastal Valleys EMS System as part of the "REACH LMA-S Trial Study".
  - b. Establish the criteria for Paramedic training, competency assessment and retrospective case review for the "REACH LMA-S Trial Study".
  - c. Provide emphasis in regard to the limited authorization of this trial study for Paramedic LMA-S placement.

### 9816.2 Policy

- a. Paramedics may place a LMA-S under the following conditions:
  1. Paramedics must be on-duty as a Flight Paramedic with REACH Air-Medical Services within a participating Local EMS Agency (LEMSA) EMS Area.
  2. Paramedics must perform the procedure as outlined in the "REACH Expanded Scope of Practice Protocol - Procedure, LMA Insertion" included for reference
  3. Paramedics may only perform the procedure under the supervision of an authorized REACH Flight Nurse in conformity with trial study guidelines.
  4. Paramedic placement of LMA-S only authorized during approved trial study period
- b. Training Standards
  1. Prior to participation in the trial study, REACH Paramedics must complete a REACH-provided LMA-S training process consisting of device manufacturer training material and a proctored skills lab. Competency in the skill must be documented prior to participation in the study.
- c. Data Collection
  1. REACH will collect the following patient data for each LMA-S Insertion or attempted insertion by a Paramedic during the trial study:

- i. Age
- ii. Sex
- iii. Trauma or medical patient
- iv. Estimated weight
- v. Date
- vi. Flight number
- vii. Indication for use
- viii. If LMA-S used as initial advanced airway: Why was endotracheal not placed first?
- ix. For placements after ETT attempts: what were the reasons for unsuccessful ETT intubation?
- x. Blood pressure before LMA-S insertion
- xi. Blood pressure after LMA-S insertion
- xii. Pulse oxymetry before LMA-S insertion
- xiii. Pulse oxymetry after LMA-S insertion
- xiv. ETCO<sub>2</sub> after LMA-S insertion
- xv. Ease of insertion on a 1-5 Likert Scale
- xvi. Success/Failure
- xvii. Number of attempts ( Attempt defined as passing any part of LMA-S beyond teeth)
- xviii. Time to complete insertion in seconds
- xix. Difficulties encountered (Narrative field)
- xx. Complications noted ( none or a list of noted complications)
- xxi. If the paramedic was unable to insert the LMA-S was another provider later successful in placing an LMA-S?
- xxii. If no LMA-S was successfully placed, what was eventual airway outcome?

2. Data will be collected through REACH electronic charting system with paper forms available as a back-up data collection tool.

#### d. Quality Improvement

1. All patient contacts during the trial period that include an LMA-S insertion attempt by a REACH Paramedic shall undergo chart review by the REACH Medical Director, CVEMSA Medical Director and LEMSA Medical Director if patient contact occurs outside of CVEMSA EMS Area.
2. Chart review to include evaluation for appropriate clinical use and adherence to trial study protocol.

#### e. Prohibited Use

1. Insertion or attempted insertion of the LMA-S outside of the limited use authorized by the LMA-S Trial Study as defined in this policy is outside of LEMSA medical control and outside the State of California scope of practice for Paramedics.
2. Any Paramedic use of the LMA-S outside of the limitations of this policy shall be reported to the Coastal Valleys EMS Agency or LEMSA with administrative authority for the area in which the use occurs. The form of any such report shall be consistent with LEMSA incident reporting policy.