

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

SUBJECT: 600.07

**ADJUNCTS FOR VENTILATORY
ASSESSMENT AND MONITORING**

**ORIGINAL ISSUE: 5/08
LATEST REVISION: 5/08**

Adjuncts for ventilatory assessment and monitoring have become a standard of care in the pre-hospital setting. Basic adjuncts include pulse oximetry and end tidal CO₂ monitoring. These monitoring capabilities are required equipment on all ALS ambulance units.

- A. **Pulse Oximetry:**
Oxygen saturation readings should be taken and recorded in all cases involving dyspnea, chest pain or altered mental status. It is understood that certain clinical situations limit the reliability of this device. Limitations to oximetry monitoring should be reflected in MARF documentation. Oximetry readings may be recorded as "spot checks" or continuous at the discretion of the paramedic in charge and based on the clinical condition of the patient.
- B. **End Tidal CO₂ Monitors:**
Clinical studies have consistently supported the value of end tidal CO₂ monitors as adjuncts to confirming appropriate ET placement and ventilation. There is further value in the early identification of ET dislodgement during transport and patient movement. For these reasons, all intubated patients must undergo end tidal CO₂ monitoring during transport.