General Order

Department of Fire & EMS

G.O. 10-5-25

Subject: Ventilated Patients

Date: October 14, 2025

Authority: Assistant Chief Zaney

The Carroll County Department of Fire and EMS (CCDFEMS) recognizes the need to provide clarification regarding the treatment and transport of ventilated patients. This includes patients who require initiation of mechanical ventilation in the field as well as patients who are chronically ventilator dependent. This General Order serves as a jurisdictional supplement and does not supersede the Maryland Medical Protocols for Emergency Medical Services.

Definitions

- Ventilated Patient – a life sustaining therapy that utilizes a machine to support or perform the work of breathing for a patient who is incapable of breathing independently.
- Tracheostomy – a surgical procedure that creates an opening in the trachea for the purpose of long term ventilatory support.
- Mechanical Ventilation – a procedure that utilizes a ventilator to deliver breaths to patients who have adequate respiratory function.
- Chronically Ventilated Patient – as defined in the Maryland Medical Protocols for EMS
- Acutely Ventilated Patient – as defined in the Maryland Medical Protocols for EMS
- Scene Ventilated Patient – as defined by the Maryland Medical Protocols for EMS

Advanced Life Support (ALS) and Basic Life Support (BLS) clinicians can provide ventilations or support spontaneous ventilations to a patient using a bag valve mask.

BLS Clinicians

If first to arrive at patient side, the BLS clinician(s) must provide ventilations to a ventilator dependent patient when appropriate to do so, in accordance with the Maryland Medical Protocols for EMS.

If a BLS clinician identifies the need to initiate ventilatory support to a patient with a BVM, ALS must be requested, if not already dispatched. This applies to patients who require initiation of mechanical ventilation in the field as well as chronically ventilated patients.

In the rare circumstance that ALS is genuinely unavailable or waiting for ALS to arrive prior to transport would be detrimental to the patient, BLS clinicians may transport a ventilated patient without ALS.

> For instance, if a patient was in respiratory arrest and ALS support is 20 minutes away, but the hospital is only 5 minutes away, it may be appropriate to transport to the closest hospital rather than wait for ALS to arrive. In this case the BLS clinician must ensure to thoroughly document the circumstances in the patient care report.

In conjunction with ventilations, the BLS clinician should assess and maintain a patent airway per the Maryland Medical Protocols for EMS. If appropriate, airway adjuncts to include an Oral Pharyngeal Airway (OPA) or Nasal Pharyngeal Airway (NPA) may be utilized. In addition, the BLS clinician should use suction, (either rigid or soft suction) to maintain a patent airway per Maryland Medical Protocols for EMS.

Should the patient have a tracheostomy AND have difficulty breathing, ALS should be called immediately, if not already dispatched. See Airway Management: Tracheostomy Change (12.10) and Tracheostomy Suctioning (12.11) in the Maryland Medical Protocols for EMS.

ALS Clinicians

Once on scene, the ALS clinician is ultimately responsible for the care of any ventilated patient. This includes both the acutely and chronically ventilated patient. An ALS clinician (not necessarily the first arriving one) must remain with the patient throughout the remainder of the patient contact, until such time that the patient is handed off to an equal or higher level of care. This is true even for chronically ventilated patients with complaints unrelated to their ventilatory status. An ALS clinician must always remain with the patient after initiating patient contact.

Should the patient need an ALS airway to maintain patency, the use of a supraglottic airway or Endotracheal Tube (ETT) is preferred. If the patient requires an emergency cricothyroidotomy (surgical or needle), a second ALS clinician shall be requested to assist with the procedure, resuscitation and transport of patient as soon as it is recognized that the patient will require a surgical airway. Emergency airway management should not be delayed for a second ALS clinician to arrive. Should another ALS clinician be unavailable to assist with the procedure, there should be another ALS clinician to assist for the transport. If a secondary ALS clinician is unavailable for the transport of the patient, a BLS clinician can go in lieu of the secondary ALS

clinician. In the situation when two ALS clinicians are not available to perform the surgical airway, assist in the resuscitation or transport the circumstances shall be clearly documented in the patient care report.

All ventilated patients should be monitored using an in-line EtCO2 device. This allows for the EMS clinician to continuously monitor the patient's airway patency, ventilatory and perfusion status.

Only Clinicians specifically trained in the use of Mechanical Ventilators are authorized to use them. These persons must complete training specific to the ventilator utilized by CCDFEMS, demonstrate proficiency and be cleared by CCDFEMS Asst. Chief of EMS and/or the CCDFEMS Medical Director.