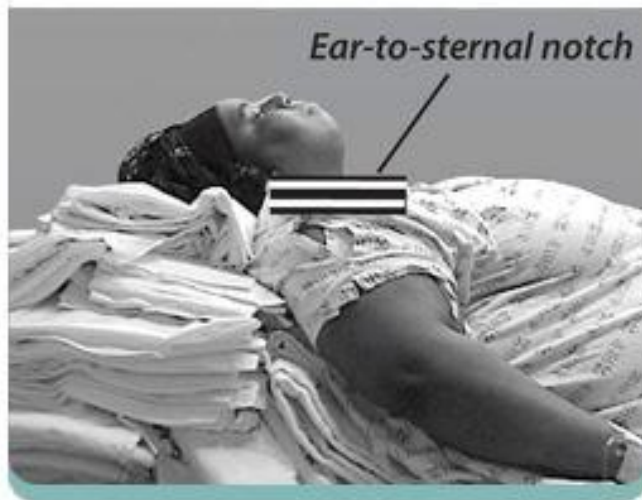


Ear to Sternal Notch Positioning

Proper positioning for mask ventilation, laryngoscopy, and intubation aligns the ear with the sternal notch:



1. The head is flexed relative to the chest, reproducing the position that patients in respiratory distress use, but with a supine orientation.
2. Ear-to-sternal notch positioning maximizes upper airway patency.
3. Ear-to-sternal notch positioning improves the mechanics of ventilation, both with spontaneous breathing, and with mask ventilation.
4. In massive obesity this position lengthens the apneic time period to critical hypoxia, and shortens the time needed with mask ventilation to return to normal oxygen saturation.
5. Prepare proper ramp, and head and shoulder support for obese patients before transferring onto stretcher and before laryngoscopy attempts. Dynamic lifting during laryngoscopy is impossible in very large patients.