

# ENDOTRACHEAL TUBE INTRODUCER (ETTI) PROCEDURE

## Indications

- Airway structure or condition which prevents adequate visualization by standard tools of endotracheal intubation. May include:
  - Patients with Grade II through IV laryngeal views (Cormack-Lehane grade)
  - Patients with airway edema regardless of laryngeal view

- Perform laryngoscopy and obtain the best possible laryngeal view
- Holding the ETTI in your right hand and the angled tip pointing upward, gently advance the ETTI anteriorly (under the epiglottis) to the glottic opening (cords)

## Equipment

- Intubation supplies
- ETT Introducer

- Gently advance the ETTI until resistance is encountered at the carina
  - **NEVER** force the ETTI, pharyngeal/tracheal perforation may be caused
  - If no resistance is encountered and the entire length of the ETTI is inserted, the device is in the esophagus
- The ETTI is correctly placed when you see the device going through the cords, when the ratcheting of the tip on the trachea, an/or when resistance is met while advancing the device

## SPECIAL CONSIDERATIONS

- Use the confirmation methods standard for endotracheal intubation to verify placement of the ETT prior to and after initiating ventilation

- Once positioned, withdraw the ETTI until the 37cm black line mark is aligned with the lip and advance an ETT over the ETTI and into the trachea
  - If resistance is encountered while advancing the ETT, withdraw the ETT slightly, rotate 90° and reattempt
- Once ETT is in position, inflate cuff, then while holding the tube, remove the ETTI through the ETT
- Confirm tracheal placement

## Critical Information

- Contraindications:
  - Patient fits on length based tape
  - ETT smaller than 6.0