

ORAL ENDOTRACHEAL INTUBATION PROCEDURE

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- Severe ventilatory compromise where the airway cannot be adequately maintained by BLS techniques

CONTRAINDICATION

- Absolute
 - Patient whose height is less than the length of the color-coded resuscitation tape **and** <12 years of age
 - Epiglottitis
- Relative
 - Spontaneous respirations are present
 - Responsive patient with intact gag reflex
 - Suspected opiate overdose
 - Profound hypoglycemia

EQUIPMENT

- Battery powered laryngoscope handle, extra batteries and bulbs or equivalent devices
- Laryngoscope blades
- Video Laryngoscopy (if available; refer to manufacturer's recommendation for use)
- McGill forceps
- Cuffed endotracheal tubes
- ETTI
- Lubricating jelly
- Disposable stylets
- Suction
- Pulse oximetry
- End Tidal CO2 detector
- Esophageal Detector Device (EDD)
- Capnometer or capnograph when available

PROCEDURE

- Open airway and pre-oxygenate with BVM for 1-3 minutes with 100% O2. Avoid hyperventilation in cardiac arrest.
- Select proper ETT
- Insert stylet
- Select proper sized blade and visualize the larynx
- Suction as needed
- If possible, provide continuous high flow oxygen during procedure
- Under direct visualization insert ETT 2-3 cm past the cords. Each attempt should not exceed 30 seconds, hyperventilating between attempts.
- Remove stylet
- Inflate cuff
- Verify placement using all of the following:
 - Rise and fall of chest

- Absence of epigastric sounds
- Bilateral breath sounds
- Capnometry/capnography or EDD *and* Colormetric Device
- Secure the tube. Consider spinal immobilization to prevent extubation. Do NOT use C-collar.
- Reassess tube placement after each patient movement. If any doubt about placement, confirm by capnography or direct visualization.

SPECIAL CONSIDERATION

- Defibrillation should precede intubation in cardiac arrest VF / VT situations.
- Limit intubation attempts (an attempt is defined as passing the device beyond the patient's teeth).
- Consider use of ETTI if difficult intubation.
- If unable to intubate, manage airway with other airway adjunct.

RELATED POLICIES/ PROCEDURES

- Endotracheal Tube Introducer (ETTI) Procedure ALS PR 4
- King Airway Procedure ALS PR 14
- Head Trauma T 2
- Pediatric Respiratory Distress P03