

ENDOTRACHEAL TUBE INTRODUCER (ETTI) PROCEDURE

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- 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

CONTRAINDICATION

- Endotracheal tubes smaller than 6.0
- Patient whose height is less than the length of the color-coded resuscitation tape **and** <12 years of age

EQUIPMENT

- Intubation supplies
- ETT Introducer

PROCEDURE

- 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).
- For grade II views:
 - Direct through the cords
- For all other situations:
 - Direct the ETTI to the area where the cords should lie and feel for washboard sensation as the tip ratchets on the tracheal rings.
- Gently advance the ETTI until resistance is encountered at the carina. Because the ETTI can potentially cause pharyngeal/ tracheal perforation, NEVER FORCE IT. 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, and/or when resistance is met while advancing the device (ETTI is at the carina).
- Once positioned, withdraw the ETTI until the 37 cm black line mark is aligned with the lip and advance an endotracheal tube over the ETTI and into the trachea. This indicates that the tip is well beyond the cords and the proximal end has enough length to slide the endotracheal tube over it.
- If resistance is encountered – caused by the endotracheal tube catching on the arytenoids or aryepiglottic folds – withdraw the endotracheal tube slightly, rotate 90 degrees and reattempt. If this is unsuccessful, attempt with a smaller tube.
- Once the endotracheal tube is in position, while holding the tube, remove the ETTI through the endotracheal tube.
- Because this is a blind intubation, capnography should be utilized to confirm tracheal placement.

SPECIAL CONSIDERATION

- Use the confirmation methods standard for endotracheal intubation to verify placement of the endotracheal tube, both prior to and after initiating ventilation.

RELATED POLICIES/ PROCEDURES

- Oral Endotracheal Intubation ALS PR 3