

SKILLS: ENDOTRACHEAL INTUBATION

Name: _____ **Date:** _____ **Cert #** _____

In the absence of a protected airway, attempts to provide adequate lung inflation with a BVM may result in the generation of pharyngeal pressure high enough to cause gastric distention. In addition, gastric insufflation promotes regurgitation with the potential for aspiration of gastric contents into the lungs and may on occasion elevate the diaphragm enough to interfere with lung expansion. Therefore, as soon as possible during the resuscitative effort, the trachea should be intubated, isolating the airway and reducing the risk of aspiration.

A. Assessment/Treatment Indicators:

1. Inability of ALS personnel to ventilate or oxygenate the patient.
2. Inability of patient to protect the airway (coma, decreased level of consciousness with non-intact gag reflex).
3. Cardiac arrest, including traumatic arrest.
4. Agonal or failing respirations, respiratory arrest.
5. Base Hospital Physician Order

B. Contraindications:

1. Intubation may be initially contraindicated on patients that are known diabetics or heroin overdose cases prior to administration of Dextrose or Narcan.

EQUIPMENT: *Peds sizing according to Broselow Tape recommendations:

- | | |
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| <ol style="list-style-type: none"> 1. *Laryngoscope with appropriate size handle 2. *Endotracheal tube 3. *Malleable stylet 4. Water soluble lubrication 5. 10 ml syringe | <ol style="list-style-type: none"> 6. Magill forceps 7. Suction unit with rigid suction-tip (Yankauer) 8. *Tracheal suction Catheter 9. ET tube holder 10. End-tidal CO2 Detector |
|--|--|

Performance Criteria		Met Initials	<u>Not Met</u> Initials	Comments
1.	Use universal precautions.			
2.	State indications and contraindications of oral/nasal intubation.			
3.	Ensure suction and is available and working. Check light source.			
4.	Select appropriate size tube.			

Effective: January 1, 2009

Page 1 of 3

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Performance Criteria, cont.		Met Initials	<u>Not Met</u> Initials	Comments
5.	Check tube cuff for leaks by injecting air into cuff with syringe and deflates cuff.			
6.	Position stylet (if used) so that the end is recessed within tube, then lubricates the tube.			
7.	Instruct assistant to preoxygenate the patient.			
8.	Position patient in the "sniffing position". Understands cricoid pressure concept and when and how it is used.			
9.	Perform tube insertion (Taking no longer than 30 seconds): <ul style="list-style-type: none"> ➤ Oral: Gently inserts laryngoscope blade into mouth and applies upward traction with left hand to visualize the vocal cords. Inserts tube through open cords with right hand when visualized (DOES NOT USE TEETH AS A FULCRUM!). ➤ Performs pediatric intubation. 			
10.	Remove laryngoscope from mouth and removes stylet while stabilizing tube manually.			
11.	Inflate cuff (Adult) with 10 ml of air and detaches syringe.			
12.	Simultaneously maintains tube position, ventilates patient and confirms tube placement by: <ul style="list-style-type: none"> ➤ Notating the end-tidal carbon dioxide level. ➤ Observing bilateral rise and fall of chest wall. ➤ Auscultating bilateral breath sounds with absence of sounds over abdomen. ➤ Confirm placement with end-tidal CO2 detector. 			

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Page 2 of 3

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Performance Criteria, cont.		Met Initials	<u>Not Met</u> Initials	Comments
13.	Problems with tube insertion: <ul style="list-style-type: none"> ➤ If initial attempt at intubation fails, reattempt after hyperventilation period of 15-30 seconds by BVM. ➤ <i>If air is heard on the right side only, what would you do?</i> (Indicates would deflate the cuff, pull tube back slightly -1 cm, re-inflate the cuff, and auscultate for bilateral air entry). 			
14.	Note tube markers at front teeth, secures tube, and places oral airway.			
15.	Provide ventilations at: 8 -10/minute during CPR 10 – 12/minute if perfusing rhythm			
16.	Successfully intubates in NO more than two (2) attempts per patient with hyperventilation between attempts. If unsuccessful after two (2) attempts, considers Combi-Tube.			

VALIDATOR'S SIGNATURE	ALS PROVIDER'S SIGNATURE	DATE

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