

<b>ENDOTRACHEAL INTUBATION – ADULT</b>				
Name: _____ Date: _____ License # _____				
<p>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.</p> <p><b>A. <u>Assessment/Treatment Indicators:</u></b></p> <ol style="list-style-type: none"> <li>1. Inability of ALS personnel to ventilate or oxygenate the patient.</li> <li>2. Inability of patient to protect the airway (coma, decreased level of consciousness without gag reflex).</li> <li>3. Cardiac arrest, including traumatic arrest.</li> <li>4. Agonal or failing respirations, respiratory arrest.</li> <li>5. Base Hospital Physician Order</li> </ol> <p><b>B. <u>Contraindications:</u></b></p> <ol style="list-style-type: none"> <li>1. Intubation may be contraindicated on patients that are known diabetics or narcotics overdoses, prior to the administration of Dextrose or Narcan.</li> </ol> <p><b>C. <u>Potential Complications:</u></b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> <li>1. Esophageal Intubation</li> <li>2. Mainstem Intubation</li> <li>3. Perforation or laceration of upper esophagus, vocal cords, larynx</li> <li>4. Laryngospasm or bronchospasm</li> </ol> </td> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> <li>5. Dental and soft-tissue trauma</li> <li>6. Aspiration of oral or gastric contents</li> <li>7. Dysrhythmias</li> <li>8. Hypertension/Hypotension</li> </ol> </td> </tr> </table>			<ol style="list-style-type: none"> <li>1. Esophageal Intubation</li> <li>2. Mainstem Intubation</li> <li>3. Perforation or laceration of upper esophagus, vocal cords, larynx</li> <li>4. Laryngospasm or bronchospasm</li> </ol>	<ol style="list-style-type: none"> <li>5. Dental and soft-tissue trauma</li> <li>6. Aspiration of oral or gastric contents</li> <li>7. Dysrhythmias</li> <li>8. Hypertension/Hypotension</li> </ol>
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<p><b><u>Equipment:</u></b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> <li>1. Laryngoscope with appropriate size handle</li> <li>2. Endotracheal tube</li> <li>3. Water soluble lubricating jelly</li> <li>4. 10 ml syringe</li> <li>5. Endotracheal tube inducer (ETTI)</li> <li>6. Oxygen</li> </ol> </td> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> <li>7. Magill forceps</li> <li>8. Battery powered suction unit</li> <li>9. Yankauer Tonsil Tip suction catheter</li> <li>10. Appropriate size suction catheter</li> <li>11. ET tube holder</li> <li>12. End tidal CO2</li> <li>13. Disposable bag valve device – BVM</li> </ol> </td> </tr> </table>			<ol style="list-style-type: none"> <li>1. Laryngoscope with appropriate size handle</li> <li>2. Endotracheal tube</li> <li>3. Water soluble lubricating jelly</li> <li>4. 10 ml syringe</li> <li>5. Endotracheal tube inducer (ETTI)</li> <li>6. Oxygen</li> </ol>	<ol style="list-style-type: none"> <li>7. Magill forceps</li> <li>8. Battery powered suction unit</li> <li>9. Yankauer Tonsil Tip suction catheter</li> <li>10. Appropriate size suction catheter</li> <li>11. ET tube holder</li> <li>12. End tidal CO2</li> <li>13. Disposable bag valve device – BVM</li> </ol>
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<b>Performance Criteria</b>		<b>Pass</b>		
1.	Use universal precautions.			
2.	States this is a two (2) person procedure			
3.	Assures an adequate BLS airway.			

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EMS Policy No. 2545

Performance Criteria		Pass	Fail
4.	. State indications and contraindications.		
5.	States placement should be completed within 30 seconds		
6.	Ensure suction and is available and working.		
7.	Checks light source, ensures a bright, tight, white light.		
8.	Select appropriate size tube.		
9.	Check tube cuff for leaks by injecting air into cuff with syringe and deflates cuff.		
10.	Instruct assistant to preoxygenate the patient.		
11.	Position patient in the “ear to sternal notch position”. Understands when to use bimanual laryngoscopy (optimal external laryngeal manipulation (OELM)) and how it is performed.		
12.	Prepares to insert tube.		
13.	Gently inserts laryngoscope blade into mouth and applies upward traction with left hand to visualize the vocal cords.		
14.	The paramedic introduces the ETTI into the patient's mouth and gently advances it through the glottic opening. The ETTI should rest midline in the trachea and should not be advanced past 23 cm or the black line on the ETTI. Does Not Use Teeth As A Fulcrum.		
15.	Assistant places ET over ETTI and gently rotates down toward mouth.		
16.	Paramedic takes over tube and rotates it in a counter clockwise motion, until the tube is placed in the trachea. If resistance is felt, the tube is rotated 90° clockwise and advanced.		
17.	The paramedic continues to visualize the cords until the tube is placed.		
18.	Once the tube is in placed, the assistant removes the ETTI while stabilizing tube manually.		
19.	Inflated cuff with 10 ml of air and detaches syringe.		
20.	Simultaneously maintains tube position, ventilates patient and confirms tube placement by: <ul style="list-style-type: none"> <li>a. Notating capnography readings. PPV at the appropriate CO2 level as well as respiratory rate.</li> <li>b. Observing bilateral rise and fall of chest wall.</li> <li>c. Auscultating bilateral breath sounds with absence of sounds over abdomen.</li> <li>d. Confirm placement with end tidal CO2 device.</li> </ul>		
21.	If initial attempt at intubation fails, reattempt after hyperventilation period of 15-30 seconds by BVM.		

Effective: January 1, 2010  
Supersedes: January 1, 2009

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Approved: Signature on File  
Medical Director

Signature on File  
EMS Administrator

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Performance Criteria		Pass	Fail
22.	If air was heard on the right side only, what would you do? (Indicates would deflate the cuff, pull tube back slightly -1 cm, re-inflate the cuff, and auscultate for bilateral air entry).		
23.	Note tube markers at front teeth, secures tube, and places oral airway.		
24.	Provide ventilations at 10 – 12 per minute		
25.	Successfully intubates in no more than two (2) attempts per patient with hyperventilation between attempts. If unsuccessful after two (2) attempts, considers Combi-Tube/King Airway		

Please provide comments for any item that is marked as failed: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Evaluator

\_\_\_\_\_  
Date