

<b>ENDOTRACHEAL INTUBATION – PEDIATRIC</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. <b><u>Pediatric intubation should only be attempted if an adequate BLS Airway cannot maintained.</u></b></p> <p>A. <u>Assessment/Treatment Indicators:</u></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 with non-intact 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. <u>Contraindications:</u> Intubation may be contraindicated on patients that are known diabetics or narcotics overdoses, prior to the administration of Dextrose or Narcan.</p> <p>C. <u>Potential Complications:</u></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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<b>Performance Criteria</b>		<b>Pass</b>				
1. Use universal precautions.						
2. Assure an adequate BLS airway.						
3. State indications and contraindications						

**TITLE: ENDOTRACHEAL INTUBATION – PEDIATRIC  
PERFORMANCE CRITERIA**

EMS Policy No. 2553

Performance Criteria		Pass	Fail
4.	States placement should be completed within 30 seconds.		
5.	Ensure suction and is available and working. .		
6.	Checks light source, ensures a bright, tight, white light.		
7.	Select appropriate size tube.		
8.	Check tube cuff for leaks by injecting air into cuff with syringe and deflates cuff if present.		
9.	Position stylet (if used) so that the end is recessed within tube, then lubricates the tube.		
10.	Instructs assistant to preoxygenate the patient.		
11.	Positions the patient with neck slightly extended. Understands bimanual laryngoscopy and when and how it is used.		
12.	Perform tube insertion. 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.		
13.	Remove laryngoscope from mouth and removes stylet while stabilizing tube manually.		
14.	Inflate cuff (if present) with 10 ml of air and detaches syringe.		
15.	Simultaneously maintains tube position, ventilates patient and confirms tube placement by: a. Notating capnography readings. b. Observing bilateral rise and fall of chest wall. c. Auscultating bilateral breath sounds with absence of sounds over abdomen. d. Confirm placement with end tidal CO2 device.		
16.	If initial attempt at intubation fails, reattempt after hyperventilation period of 15-30 seconds by BVM.		
17.	If air was heard only on the right side, what would you do? (Indicates would deflate the cuff, if present, pull tube back slightly -1 cm, re-inflate the cuff, and auscultate for bilateral air entry).		
18.	Note tube markers at front teeth, secures tube, and places oral airway.		
19.	Provide ventilations at 10 – 12/minute		
20.	Successfully intubates in no more than two (2) attempts per patient with hyperventilation between attempts. If unsuccessful after two (2) attempts, assure an adequate BLS airway.		

Effective: January 1, 2010  
Supersedes:

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Approved: Signature on File  
Medical Director

Signature on File  
EMS Administrator

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

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Name & Signature of Evaluator

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Date

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