

**PURPOSE:** To provide guidance for the use of an endotracheal tube introducer (ETTI) as an assistive device in performing endotracheal intubation.

**AUTHORITY:** Health and Safety Code, Division 2.5, Section 1797.220 & 1797.221

**POLICY:**

I. In almost all cases, the ETTI should be attempted before proceeding to needle Cricothyrotomy.

II. INDICATIONS:

- A. Patients with Grade II through IV laryngeal views (Cormack-Lehane grade);
- B. Patients with airway edema regardless of laryngeal view;
- C. Anatomic conditions that preclude adequate visualization for intubation by conventional means.

III. CONTRAINDICATIONS:

Do not use on endotracheal tubes smaller than 6.0.

IV. PROCEDURE:

- A. Perform laryngoscopy as per oral tracheal intubation procedure, and obtain the best possible laryngeal view.
- B. Holding the ETTI in your right hand with the angled tip pointing upward, gently advance the ETTI anteriorly (under the epiglottis) to the glottic opening (cords).
  - 1. For Grade II views, direct through the cords.
  - 2. For all other situations, direct the ETTI to the area where you believe the cords should be, and feel for washboard sensation as the tip ratchets on the tracheal rings.
- C. Gently advance the ETTI until resistance is encountered at the carina.

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- D. NOTE: 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.
- E. The ETTI is correctly placed when you see the device going through the cords, when you feel the ratcheting of the tip on the trachea, and/or when you meet resistance while advancing the device (ETTI is at the carina).
- F. 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 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.
- G. 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. Monitor pulse oximetry and attempt time during procedure.
- H. Once the endotracheal tube is in position, while holding the tube, remove the ETTI through the endotracheal tube.
- I. Confirm tube placement and secure tube according to the Adult Endotracheal Intubation policy.
- J. Document use of ETTI and confirmation methods utilized on the patient care record.

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