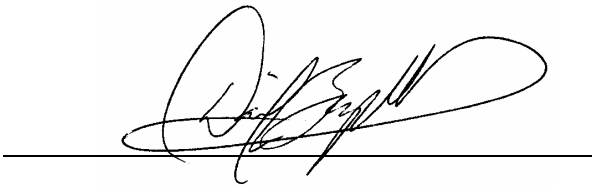
EL DORADO COUNTY EMS AGENCY
FIELD PROCEDURES

Effective: July 1, 2009
Reviewed: Nov. 2017
Revised: July 1, 2016, **2018**
Scope: ALS – Adult and Pediatric



EMS Agency Medical Director

OROTRACHEAL INTUBATION

PURPOSE:
To provide an advanced airway in an adult or child/patients that bigger than the weight based resuscitation tool.

INDICATIONS:
- Emergency control of compromised airway in breathing/non-breathing patients
- Control ventilation and provide airway protection
- Respiratory depression secondary to ETOH, OD, CVA
- Respiratory distress secondary to smoke inhalation, asthma, emphysema
- Patients with head injuries and GCS of 8 or less
- Other clinical settings deemed appropriate by base station
- For adult patients only

COMPLICATIONS:
- Emesis can be induced in patients further compromising the airway
- Damage to dental structures
- Esophageal intubation
- Laryngeal trauma
- Hypoxia during prolonged intubation attempts
- Cervical cord damage in patients with unsuspected cervical-spine injury
- Cervical spine fracture in patients with arthritis/poor cervical mobility
- Ventricular arrhythmias in hypothermic patients
- Induction of pneumothorax (forceful bagging, traumatic insertion, etc.)

CONTRAINDICATIONS:
- Suspected epiglottitis
- Suspected oropharyngeal abscess
- Anatomic disruption of the oropharynx

PRECAUTIONS:
- Maintain in-line stabilization in all patients with suspected cervical spine injury
- Recheck tube placement whenever patient is moved. Consider using a cervical-collar to help ensure consistent tube position
- Always have suction ready
- Intubation attempts should never exceed 30 seconds. If visualization of vocal cords is difficult, stop and re-ventilate the patient before trying again

PROCEDURE FOR ADULTS:
1. Patients should be pre-oxygenated with 100% 0_2. BLS airway and ventilation procedures should be instituted. Monitor oxygen saturation before, during, and after intubation attempt(s).
2. Assemble equipment while continuing BLS airway/ventilation procedures:
    a. Choose tube size and check cuff for patency.
    b. Lubricate cuff with sterile water-based lubricant.
    c. Have ET introducer (Bougie) readily available.

d. Assemble laryngoscope and check bulb.
e. Connect and check suction.

4. Insert laryngoscope blade to the right of centerline, then move blade to the midline displacing tongue to the left.
5. Lift straight up on blade, no levering.
6. Identify epiglottis and vocal cords. If vocal cords are not visible, paramedic may attempt to insert ET Introducer (Bougie) and identify tracheal rings by feel**.
7. Insert tube from right side of mouth and pass through vocal cords under direct visualization.
8. Advance ET tube so cuff is appropriate distance past cords and then remove stylet.
9. Inflate cuff with enough air to prevent air leakage.
10. Verification of proper tube placement as per VERIFICATION OF ADVANCED AIRWAY PLACEMENT policy.
11. Note position of tube at the teeth, lips, or gums and secure in place.

****Endotracheal Introducer (Bougie) Guidelines:**

a. ***Confirmation that the Bougie is in the trachea may be obtained by feeling tracheal rings and by a firm stop to the passage of the Bougie within 40 cm. If no rings are felt and the Bougie can be advanced without a firm stop then it is likely in the esophagus.***
b. **Utilize second person to advance ET tube over the Bougie and through the vocal cords so cuff is appropriate distance past cords, and then remove the Bougie.**