

ADULT ORAL INTUBATION PROCEDURE

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Severe ventilatory compromise where the airway cannot be adequately maintained by BLS techniques

CONTRAINDICATION

- Absolute
 - Epiglottitis
- Relative
 - Spontaneous respirations are present
 - Responsive patient with intact gag reflex
 - Suspected opiate overdose
 - Profound hypoglycemia

EQUIPMENT

- Battery powered laryngoscope handle, extra batteries and bulbs
- Laryngoscope blades
- McGill forceps
- Cuffed endotracheal tubes
- ETTI
- Lubricating jelly
- Disposable stylets
- Suction
- Pulse oximetry
- End Tidal CO2 detector
- Esophageal Detector Device (EDD)
- Capnometer or capnograph when available

PROCEDURE

- Open airway and pre-oxygenate with BVM for 1-3 minutes with 100% O2. Avoid hyperventilation in cardiac arrest.
- Select proper ETT
- Insert stylet
- Select proper sized blade and visualize the larynx
- Suction as needed
- Apply cryoid pressure as needed to prevent passive regurgitation
- Under direct visualization insert ETT 2-3 cm past the cords. Each attempt should not exceed 30 seconds, hyperventilating between attempts.
- Remove stylet
- Verify placement using all of the following:
 - Rise and fall of chest
 - Absence of epigastric sounds
 - Bilateral breath sounds
 - Capnometry/capnography or EDD *and* Colormetric Device
- Secure the tube. Consider spinal immobilization to prevent extubation. Do NOT use C-collar.
- Reassess tube placement after each patient movement. If any doubt about placement, confirm by capnography or direct visualization.

SPECIAL CONSIDERATION

- Defibrillation should precede intubation in cardiac arrest situations
- Limit intubation attempts (an attempt is defined as passing the device beyond the patient's teeth):
 - Cardiac arrest – one attempt with ETT; if unsuccessful, Combitube or King Airway. Do not interrupt CPR for longer than 30 seconds.
 - Respiratory arrest – two attempts with ETT, hyperventilating between attempts. If unsuccessful, Combitube or King Airway.
 - Head Trauma – one attempt with ETT; if unsuccessful, Combitube or King Airway.
- Consider use of ETTI if difficult intubation.
- If unable to intubate, manage airway with other airway adjunct

RELATED POLICIES/ PROCEDURES

- Endotracheal Tube Introducer (ETTI) Procedure ALS PR 4
- Combitube Procedure ALS PR 6
- King Airway Procedure ALS PR 14
- Head Trauma T 2