7.02 ORAL ENDOTRACHEAL INTUBATION

INDICATIONS

Unconscious, apneic, or near apneic, patients without a gag reflex.

PROCEDURE

1. Place patient in correct position.
2. Ventilate the patient with BVM ventilations with adequate tidal volume and rate for 1-3 mins with 100% **Oxygen**, avoid hyperventilation.
3. Instruct partner to place patient on cardiac and pulse oximeter monitors.
4. Select a proper ETT.
5. Insert stylet. If using video laryngoscopy, insert rigid stylet.
6. Select proper sized blade and visualize landmarks (Epiglottis, posterior notch, vocal cords).
7. Suction as needed.
8. Insert and visualize the ETT 2-3 cm past the cords.
9. Attempts should be limited to a fall in HR or Pulse Ox. or 30 seconds per attempt.
10. Provide apneic oxygenation using high flow (>15 LPM) nasal cannula between attempts when two reliable sources of oxygen are available.
11. Remove stylet, inflate cuff and bag ventilate.
12. Confirm position with the End Tidal CO2 detection monitor and at least two of the following methods (one method needs to be mechanical):
    - Presence of equal breath sounds and equal chest rise.
    - Absence of epigastric breath sounds.
    - Misting or fogging in the ETT.
    - Visualization of the tube passing and remaining through the vocal cords with direct or video laryngoscopy.
13. Continuously monitor with the End Tidal CO2 monitor.
14. Secure the tube. (Consider cervical collar to prevent extubation).
15. Reassess tube placement after each patient movement (may be done with CO2 detection device).
16. If any doubt about proper tube placement, or unable to capture ETCO2 due to mechanical issues, use visualization with direct or video laryngoscopy to confirm.
17. Consider use of a gum elastic bougie for difficult airways.