

## Flex Guide ETT Introducer (Gum-elastic Bougie) (≥ PL5)

### Clinical Indications:

1. Must be used for each intubation attempt for direct laryngoscopy.
2. Any patient who meets clinical indication for orotracheal intubation.
3. Predicted difficult intubation.
4. Digital intubation.

### Contraindications:

1. No absolute contraindications

### Notes & Precautions:

1. Soft tissue damage or bronchial rupture may occur:
  - a. During blind intubation
  - b. Positioning past the carina
  - c. If undue pressure is applied.
  - d. If ET tube is passed over introducer without the use of a laryngoscope.
2. This is a single use patient device.
3. For optimal use, store flat in the same shape as packaging.

### Procedure:

1. Prepare and perform an optimal direct laryngoscopy in accordance with the orotracheal intubation procedure.
2. Begin insertion of introducer.
  - a. Tactical confirmation of tracheal *clicking* will be felt as the distal tip of the introducer bumps against the tracheal rings.
  - b. If tracheal clicking cannot be felt, continue to gently advance the introducer until *hold up* is felt.
  - c. Tracheal *clicking* and *hold up* are positive signs that the introducer has entered the trachea. Lack of tracheal *clicking* and *hold up* is indicative of esophageal placement.
3. While securely holding the introducer and without removing the laryngoscope, advance the endotracheal tube over the proximal tip of the introducer.
4. As the tip of the endotracheal tube passes beyond the teeth, rotate the tube 90 degrees counterclockwise so the bevel does not catch on the arytenoid cartilage.
5. Advance endotracheal tube to the proper depth and call aloud the depth.
6. While securely holding the endotracheal tube, remove the introducer.
7. Verify correct placement of endotracheal tube in accordance with clinical guidelines and standards.