ENDOTRACHEAL INTUBATION*

ASSESSMENT:

- ✓ Airway status
- ✓ Ventilation
- ✓ Oxygenation
- ✓ Level of consciousness

INDICATIONS:

- ✓ Ensure airway patency
- ✓ Facilitate pulmonary hygiene
- ✓ Prevent aspiration
- ✓ Adequately ventilate and oxygenate

PROCEDURE:

1. Preoxygenate with positive pressure ventilation while preparing for definitive airway management.
2. If gastric distention is present, use of an **Orogastric tube** may be indicated, post intubation.
3. Take spinal precautions, if trauma suspected.
4. If the nasal tracheal route is used in a breathing patient, consider pretreatment with a topical nasal vasoconstrictor.
5. Consider **Optimal Sequence Intubation**, if muscle tone impedes necessary endotracheal intubation†.
6. The number of attempts at endotracheal intubation should be a total of 2 for a single provider or 3, if 2 EMS providers attempt intubation. Then focus on placement of a rescue airway device or quality BVM technique to provide oxygenation and ventilation.
7. Consider analgesia and sedation post intubation.

8. Determine proper airway placement and ventilation by using the following appropriate techniques:
   - ✓ Auscultation of bilaterally equal breath sounds and noting the absence of gurgling on auscultation over the epigastrium
   - ✓ Wave form capnography
   - ✓ Observation of passing the tube through the vocal cords
   - ✓ Palpation of cuff inflation in the suprasternal notch
   - ✓ Observation of symmetric upper chest wall movement with ventilation
   - ✓ Observation of fogging of the endotracheal tube during expiration
   - ✓ Feeling or hearing air expelled from the tube during expiration
   - ✓ Feeling the compliance of manual ventilations
   - ✓ Observation of improvement in patient's color and vital signs*
   - ✓ Documentation of end-tidal CO_2 via a qualitative or quantitative measuring device
9. Apply PEEP valve to all intubated patients, unless one of the following conditions is present:
   - ✓ Asthma
   - ✓ Hypotension from hypovolemia
   - ✓ Suspected pneumothorax
   - ✓ Cardio pulmonary arrest
10. Apply a cervical collar in conjunction with other immobilization techniques, as needed for endotracheal tube stabilization.
11. Document items substantiating proper airway placement as well as the method/device used to stabilize the endotracheal tube.
12. The EMS provider should reassess endotracheal tube position subsequent to each significant movement of the patient.‡

*Cuffed endotracheal tubes are recommended for all ages.
†Devices such as lighted endotracheal stylets, CO_2 detectors, and pulse oximeters may help confirm clinical observation.
‡The preferred format for this documentation should be 5 STC (5 Step Tube Check) based upon the following: observation, auscultation, vapor in the tube, CO_2 detection, and SAO2 response.