

## 7.02 ORAL ENDOTRACHEAL INTUBATION

### INDICATIONS

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

### PROCEDURE

1. Place patient in correct position.
2. Hyperoxygenate patient with BVM ventilations with adequate tidal volume and rate for 1-3 mins with 100% **Oxygen**, avoid hyperventilation.
3. Apply cricoid pressure as needed to prevent passive regurgitation.
4. Instruct partner to place patient on cardiac and pulse oximeter monitors.
5. Select a proper ETT.
6. Insert stylet.
7. Select proper sized blade and visualize landmarks (Epiglottis, posterior notch, vocal cords).
8. Suction as needed.
9. Insert ETT 2-3 cm past the cords under direct visualization.
10. Attempts should be limited to a fall in HR or Pulse Ox. or 30 seconds per attempt.
11. Hyperoxygenate between attempts.
12. Remove stylet, inflate cuff and bag ventilate.
13. 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.
  - Direct endotracheal visualization.
  - Video Laryngoscopy, if available.
14. Continuously monitor with the End Tidal CO2 monitor.
15. Secure the tube. (Consider cervical collar to prevent extubation).
16. Reassess tube placement after each patient movement (may be done with CO2 detection device).
17. If any doubt about proper placement, use direct visualization to confirm.