

ADVANCED AIRWAY MANAGEMENT

ENDOTRACHEAL INTUBATION

OVERVIEW:

Endotracheal intubation remains the 'gold' standard for advanced airway security in the pre-hospital setting. While the procedure itself must be performed by Paramedic personnel, pre-oxygenation, and equipment preparation and assembly may be performed by all levels of provider.

INDICATIONS:

- ❑ Respiratory insufficiency or arrest
- ❑ Airway obstruction
- ❑ Unconsciousness or altered mental status with airway compromise
- ❑ Situations that require positive pressure ventilation

CONTRAINDICATIONS:

- ❑ Severe trauma to mouth, jaw, or trachea

PROCEDURE:

- ❑ Pre-oxygenation for 1-2 minutes with supplemental high flow oxygen while preparing intubation equipment (may be done by all level of providers)
- ❑ Place stylet in ET tube and lubricate the tip
- ❑ Position patient's head using trauma jaw thrust or the head tilt chin lift
- ❑ Intubate the patient visualizing cords with laryngoscopy and inflate balloon with 10 mL syringe
- ❑ Verify placement of the tube
 - Watch for chest rise and fall
 - Auscultate over all fields and abdomen
 - Misting in the ET tube
 - Tube Check
 - ETCO₂
- ❑ Secure the tube at the correct depth
- ❑ If no breath sounds are auscultated or the ET tube is in the esophagus, deflate the balloon and withdraw the ET tube
 - Ventilate
 - Consider alternate airway
- ❑ Document
 - **At least 3 checks to verify proper placement**
 - Breath sounds before and after intubation

PARAMEDIC

PARAMEDIC

CONSIDERATIONS:

- ❑ Possible complications of intubation include
 - Laryngeal spasm
 - Pneumothorax
 - Aspiration
 - Trauma to oropharyngeal cavity
 - Esophageal intubation
 - Intubation of the main stem bronchus
- ❑ A maximum of 2 attempts (defined as attempting to visualize cords with laryngoscopy) is permitted prior to the utilization of alternative airways (e.g., King airway).