Endotracheal Intubation
ALS PROCEDURE AP-01

INDICATION
- Patients that are ≥ 15 years old with respiratory compromise or in cardiac and/or respiratory arrest or where the airway cannot be adequately maintained by BLS techniques.
- Cormack-Lehane Grade of 1 or 2.

PROCEDURE
- Prepare, position and oxygenate the patient with 100% Oxygen. Ideal patient positioning is keeping the ears in line with the sternal notch.
- Consider use of Video Laryngoscopy device when available.
- Select ≤ size 7.0 ET tube and endotracheal tube introducer (Bougie); have suction ready.
- When performing direct laryngoscopy, use of an endotracheal tube introducer (Bougie) device and a two person technique is required.
- Using the laryngoscope, visualize vocal cords.
- Determine the Cormack-Lehane Grade upon direct laryngoscopy. If the patient has a Cormack-Lehane Grade of 3 or 4, do not proceed with Endotracheal Intubation, return to Airway/Respiratory Management BP-01 and consider King Tube Intubation AP-02.
- Limit each intubation attempt to 30 seconds with BVM between attempts. For patients in cardiac arrest this is not necessary as long as chest compressions are continuous.
- Visualize tube passing through vocal cords.
- Inflate the cuff with 3 – 10 mL of air.
- Apply Waveform Capnography AP-12.
- Auscultate for bilaterally equal breath sounds and absence of sounds over the epigastrium. If you are unsure of placement, remove tube and ventilate patient with a BVM.
- If ET intubation efforts are unsuccessful after the 1st attempt, return to Airway/Respiratory Management BP-01 and re-evaluate the airway positioning before the 2nd attempt.
- If ET intubation efforts are unsuccessful after the 2nd attempt, return to Airway/Respiratory Management BP-01 and consider King Tube Intubation AP-02.
- Patients who have an advanced airway established should be secured with tape or a commercial device. Devices and tape should be applied in a manner that avoids compression of the front and sides of the neck, which may impair venous return from the brain.
• If the patient regains consciousness while intubated, do not extubate. Use restraints as necessary to prevent uncontrolled extubation. Consider Sedation AP-14 if patient becomes awake and aware.

• If the patient has a suspected spinal injury:
  • Open the airway using a jaw-thrust without head extension.
  • If airway cannot be maintained with jaw thrust, use a head-tilt/chin-lift maneuver.
    • Manually stabilize the head and neck rather than using an immobilization device during CPR.