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**ILLINOIS REGION 3 PROTOCOLS**

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**PEDIATRIC INTUBATION (ALS)**

- I. Indications:
  - A. Comatose patient with inadequate airway.
  - B. Respiratory or cardiopulmonary arrest
- II. Contraindications:
  - A. Patient with gag reflex
  - B. Patient with adequate ventilations
- III. Precautions:
  - A. Do not use the teeth as a fulcrum.
  - B. Do not delay ventilation for longer than 20 seconds.
  - C. If not successful after 3 attempts, maintain the airway and ventilate with 100% oxygen per pediatric bag valve mask.
  - D. Use uncuffed tube for children age 8 and under.
- IV. Complications
  - A. Damage to teeth, vocal cords, soft tissue
  - B. Esophageal intubation
  - C. Right mainstem bronchial intubation.
- V. Equipment
  - A. Appropriate size endotracheal tube
  - B. Laryngoscope
  - C. Laryngoscope blade - straight
  - D. Stylette
  - E. Tape or device to secure an E.T. tube.
  - F. Suction equipment
  - G. Bag valve mask

- H. Oxygen source
- I. Esophageal intubation detector
- J. Stethoscope
- K. Syringe for cuffed tube (over age 8)

VI. Procedure Sequence:

- A. Takes universal precautions
- B. Hyperventilates the patient with 100% oxygen.
- C. Assembles and checks the equipment.
- D. Pulls back on the plunger of the 10 cc syringe and attaches it to the one-way inflation valve (uses noncuffed tube inpatient younger than 8 years)
- E. If spinal injuries are not suspected, places the head in the sniffing position.
- F. Holds laryngoscope in the left hand, inserts it into the right side of the mouth
- G. Displaces the tongue to the left with a sweeping motion and brings the laryngoscope to the midline.
- H. advances the blade until it reaches the base of the tongue.
- I. Lifts the laryngoscope forward to displace the jaw without putting pressure on the front teeth.
- J. Suctions the hypopharynx as necessary.
- K. Looks for the tip of the epiglottis and places the blade into the proper position (curved blade into the vallecula, straight blade behind the epiglottis)
- L. Lifts the jaw at a 45° angle to the ground until the glottis is exposed.
- M. Has an assistant apply the Sellick maneuver to visualize the glottis.
- N. Grasps the tube with the right hand and advances it through the right corner of the patient's mouth.
- O. Advances the tube through the glottis opening until the distal cuff disappears past the vocal cords (if cuffed tube used).
- P. Removes the stylet, inflates the distal cuff with 10 cc of air and removes the syringe (if used).
- Q. Verifies proper placement by watching for chest rise, auscultating for breath sounds, watching for condensation in the tube on exhalation, and monitoring for color changes in an end-tidal CO<sub>2</sub> detector.

- R. Hyperventilates the patient with 100% oxygen.
- S. Secures the tube with tape or commercial device.
- T. Periodically rechecks tube placement.
- U. Do not withhold oxygen for > 30 seconds.

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