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**ILLINOIS REGION 3 PROTOCOLS**

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**COMBITUBE AIRWAY (ALS)****I. Indications:**

- A. Cardiac/respiratory arrest
- B. Respiratory arrest – comatose with no gag reflex

**II. Contraindications:**

- A. Patient with an intact gag reflex
- B. Patient under age 16 and/or under 5 feet tall
- C. Patient with known esophageal disease
- D. Patient with a history of esophageal trauma/or ingestion of caustic substance
- E. Patient with a tracheostomy or laryngectomy
- F. Patient with a foreign body obstruction in the trachea

**III. Potential Complications:**

- A. Damage to the proximal cuff from broken teeth or dentures

**IV. Precautions:**

- A. DO NOT remove the Combitube in the field unless the patient's gag reflex returns or the patient has been endotracheally intubated. Remove only upon the order of Medical Control.

**V. Equipment:**

- A. Combitube airway
- B. 100 ml syringe
- C. 15 ml syringe
- D. Water based lubricant
- E. Suction equipment

**VI. Procedure:**

- A. Hyperventilate with 100% oxygen
- B. Assemble equipment, check cuffs for leaks
- C. Place head in neutral position
- D. Insert device in midline using jaw lift

PROCEDURE CONTINUED

- E. Insert until black rings are at the teeth
- F. Inflate the pharyngeal cuff with 100 ml air (blue pilot balloon)
- G. Inflate the distal cuff with 15 ml air (white pilot balloon)
- H. Ventilate through the blue tube
- I. Auscultate lung sounds and over the epigastrium
- J. If bilateral breath sounds are auscultated,, continue ventilation through blue tube
- K. If there is absent chest rise, no lung sounds and gurgling heard over the epigastrium, begin ventilating through the clear tube labeled #2.
- L. Confirm placement. Auscultate lung sounds and over the epigastrium. Observe for chest rise.

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