ENDOTRACHEAL INTUBATION - ADULT (ALS)

I. Indications:

A. Comatose patients with inadequate airway
B. Respiratory arrest

II. Contraindications:

A. Patients with a gag reflex
B. Comatose patients ventilating adequately

III. Complications:

A. Teeth or dentures may be broken
B. Esophageal Intubation
C. Right mainstem bronchial intubation
D. Laryngeal injury (soft tissue)

IV. Precautions:

A. Should not take longer than 20 seconds
B. Do not use teeth as a fulcrum
C. If not successful after 3 attempts, maintain airway and ventilate with 100% oxygen using bag-valve-mask or positive pressure; attempt combitube if not contraindicated.

V. Equipment:

A. Cuffed ET tube (uncuffed for children age 8 and under)
B. Laryngoscope
C. Straight or curved blade of appropriate size
D. 10 ml. syringe
E. Stylette (optional)
F. Approved commercial device designed to secure an E.T. tube
G. Suction devices
H. Bag valve mask
I. O2 supply
J. Esophageal intubation detector (EID)
K. Appropriate size oral airway
L. Tape
M. Stethoscope
N. End Tidal CO2 monitoring device (optional)

VI. Procedure:

A. Stabilize the neck in a neutral position (trauma patient)
B. Hyperventilate patient approximately 30 seconds prior to intubation attempt
C. Select correct size ET tube
D. Assemble all equipment and check for proper functioning
E. Grasp laryngoscope in left hand
F. Insert laryngoscope blade in right side of mouth and sweep the tongue to the left
G. Visualize the vocal cords
H. Insert the ET tube until cuff or depth marker is past vocal cords
I. Inflate cuff
J. Check placement of ET tube via ausculation of bilateral breath sounds auscultation over epigastrium and EID
K. Secure tube with commercial device (or other secure method)
L. Insert oral airway if needed to prevent biting on the tube

VII. Field Extubation: to be utilized in the rare case when an intubated patient awakens and is intolerant of the endotracheal tube.

A. Assess to determine:
   1. If the patient is able to maintain his own airway with adequate spontaneous respirations.
   2. If the patient is under the influence of any sedating agents.
   3. That the problem which initially required intubation is fully resolved.
B. Contact Medical Control with the assessment information. The decision to extubate should be made by an EMS physician.
C. Be aware that there is a risk of laryngospasms upon extubation of the awake patient that may prohibit successful reintubation.

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