NOR-CAL EMS	05-0913	Skills: Endotracheal Intubation

Nor-Cal EMS Policy & Procedure Manual	BLS/ALS Protocols
Effective Date: 10/01/2020	Next Revision: 10/01/2023
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

Authority: Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Provider Name: Provider's Signature:	Cert #: Provider Agency:
Validator's Name: Validator's Signature:	Date:

PERFORMANCE CRITERIA	MET (Initials)	NOT MET (Initials)	COMMENTS
1. Uses standard precautions.			
2. States indications and contraindications of Oral Intubation when prompted.			
3. Ensures suction and is available and working. Checks light source.			
4. Selects appropriate size ET tube and syringe.			
5. Checks tube cuff for leaks by injecting air into cuff with syringe and deflates cuff.			
6. Positions stylet or ETTI (bougie) so that the end is recessed within tube, then lubricates the tube.			
7. Instructs assistant to pre-oxygenate the patient utilizing a BVM with ventilatory assist and apneic oxygenation (10-15 LPM via Nasal cannula).			
8. Positions patient in the Head elevated position (ear at the level of the sternum) Understands the External Laryngeal Manipulation (ELM) concept when and how it is used.			
9. Performs tube insertion: A. Oral: Gently inserts laryngoscope blade into mouth and applies upward traction with left hand to visualize the vocal cords, verbalizes understanding of the Cormack and Lehane scoring system. After visualization of the vocal cords inserts the ETT while verbalizing watching the ETT pass through the vocal cords. B. Pediatric: Please note that pediatric intubation is for MICNs only. Paramedics please see SAD skills competency. C. Verbalizes the differences between adult and pediatric airway anatomy.			
10. Removes laryngoscope from mouth and removes stylet (Bougie)/ETTI while stabilizing the tube manually.			
11. Inflates cuff (Adult) with ~ 10 ml of air, confirms firmness of bulb, detaches syringe.			

12. Simultaneously maintains tube position, ventilates patient and confirms tube placement by: A. Observing bilateral rise and fall of chest wall. B. Auscultating bilat breath sounds in four places with absence of epigastric sounds. C. Utilizes waveform Capnography. Verbalizes the different waveforms and meanings of. (This is the most desirable.) If unavailable then utilizes the ET CO_2 detector noting proper color change.			
13. Problems with tube insertion: A. Verbalizes the process for removal of a foreign body airway obstruction. B. Verbalizes the procedure for correcting a right main stem intubation. C. Verbalizes appropriate oropharyngeal suctioning technique. D. Verbalizes appropriate ETT suctioning technique.			
14. Notes tube markers at the teeth, secures tube.			
15. Provides ventilations per current AHA guidelines and following ET CO_2 values. A. Successfully intubates in no more than two attempts. If unsuccessful after two attempts uses an alternative airway. B. Each attempt should last no longer than 30 seconds. C. Pre-oxygenates for at least 1 minute prior to each attempt. D. Verbalizes understanding that documentation must include each intubation attempt and each time the laryngoscope is inserted into the airway (i.e. Successful on the first attempt, Laryngoscope inserted twice including attempt). E. Verbalizes understanding that an intubation attempt is defined as the introduction of the endotracheal tube past the patient's teeth.			