Intubation (203)

Adults	Pediatrics *(13 years and under)*
Public Safety First Aid Procedures: Only	**Public Safety First Aid Procedures: Only**
BLS Procedures: EMT's and Paramedics start here	**BLS Procedures: EMT's and Paramedics start here**
• Assess patient for Trismus • If signs of Hypoglycemia or Narcosis enter appropriate protocol • Select appropriately sized Supraglottic device, ensure device is intact and serviceable • Prepare BVM, OPA, NPA and ensure suction is assembled and functioning • Pre-Oxygenate patient for a minimum of 30 seconds using BVM. Apply Nasal Cannula oxygen 15LPM during procedure to provide Apneic Oxygenation. • Place and secure Device as per Kern County EMS, manufacturer, and provider policy. • Ventilate patient and assess patient response via capnography, breath sounds, chest rise and fall, skin signs and SpO2 if patient is pulsatile	• If signs of Hypoglycemia or Narcosis enter appropriate protocol • Use size appropriate BVM, OPA, NPA and ensure suction is assembled and functioning • Place and secure Device as per Kern County EMS, manufacturer, and provider policy. • Ventilate patient and assess patient response via breath sounds, chest rise and fall, skin signs and SpO2 if patient is pulsatile
ALS Prior to Base Hospital Contact: Paramedic only	**ALS Prior to Base Hospital Contact: Paramedic only**
• As above for Supraglottic devices • For all ETT intubation candidates use the following guide. Maximum of two attempts *shall* be made, tube introducer is optional for initial attempt, however, *shall* be used for repeat attempt. If unsuccessful after 2 attempts, refer to supraglottic airway section above. • **Preparation**: Select and assemble laryngoscope 00blade to handle, ensure it is functional. Select ETT and test the cuff with a 10mL syringe. Ensure cuff has no leaks. Assemble and test suction device. Prepare securement method, commercial device preferred, ensure tube introducer is at patient side. **Appropriately sized supraglottic device should be immediately available.** Assess Cormack-Lehane Grade. If Grade 3-4, do not attempt ETT placement. Refer to supraglottic placement above. If Grade 1-2 continue with ETT procedure.	• If BVM with OPA/NPA adjuncts is not adequate proceed with Supraglottic device. • Select appropriately sized Supraglottic device, ensure device is intact and serviceable • Prepare BVM and ensure suction is assembled and functioning • Pre-Oxygenate patient for a minimum of 30 seconds using BVM. Apply Nasal Cannula oxygen 15LPM during procedure to provide Apneic Oxygenation. • Place and secure Device as per Kern County EMS, manufacturer, and provider policy • Ventilate patient and assess patient response via waveform capnography, breath sounds, chest rise and fall, skin signs and SpO2 if patient is pulsatile • Use only sufficient volume for chest rise and maintenance of pulse ox between 88%-94%. • Post device placement analgesia and sedation if normotensive with Fentanyl 1mcg/kg IV if patient

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• Pr0e-oxygenate patient for at least 30 seconds prior to each attempt via BVM and OPA/NPA or NRB mask if patient has adequate spontaneous respirations. Apply nasal cannula oxygen 15lpm to provide Apneic Oxygenation. • **Position:** Non-traumatic patient use sheets/towels to ramp patient as necessary to obtain ear to sternal notch position. Trauma patients use inline cervical stabilization, ensure C-collar allows jaw to open. • **Pass the Tube:** Suction as needed. Insert blade into patient's mouth, sweep tongue to the left. *Curved blade:* insert into Vallecula and apply longitudinal traction while staying off the teeth until cords are visualized. *Straight blade:* Insert blade fully and withdraw slowly until cords are visualized, avoiding the teeth, insert tube through cords, pass cuff 1 CM beyond cords, inflate cuff, blade should not be inserted for longer than 30 seconds. If cords not visualized abandon attempt. Use tube introducer for second attempt. • **Proof of placement:** Waveform capnography *shall* be used to immediately confirm placement and *shall* remain in place until patient care is transferred to higher level of care. Auscultate bilateral lung sounds and epigastric area. Observe chest rise and fall. Assess SpO2 if patient is pulsatile. • **Post intubation care:** Secure tube with commercial device or if not available secure with cloth tape. Ensure patient is being ventilated at appropriate rate and volume with O2 attached. Use only sufficient volume for chest rise and maintenance of pulse ox between 88%-94%. • Post intubation analgesia and sedation if normotensive with Fentanyl 1mcg/kg IV if patient needs further sedation after the Fentanyl midazolam 0.1mg/kg	needs further sedation after the Fentanyl midazolam 0.1mg/kg • **Oral ETT placement shall NOT be attempted if patient is 13 years of age or younger.**
Base Hospital Contact Required:	**Base Hospital Contact Reqired:**

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Special Considerations

1. If patient is 14 years of age or older or longer than the length-based tape, intubation procedures falls under the adult category.

2. Tube introducer is optional for first attempt but strongly encouraged for all attempts and is mandatory for 2nd attempt

3. End Tidal CO2 is required for **ALL** advanced airways.

    a. BLS placed King Airways SHALL be confirmed with colorimetric End Tidal CO2 OR wave form Capnography.
    b. ALS placed King Airways or Endotracheal Tubes SHALL be confirmed with waveform End Tidal CO2 Capnography which shall remain in place until transfer of care. In the event of equipment failure or persistent ETCO2 level less than 10 a colorimetric device may be used to confirm placement. HOWEVER, if both devices do not adequately confirm positioning the device SHALL be removed and BVM ventilation with adjuncts shall be used.
        i. Tubes with Persistent ETCO2 below 10 should be removed.

4. Intubation Definition: Insertion of laryngoscope blade into mouth (for orotracheal methods)

5. Removal of foreign body does not count as intubation attempt.

6. Airway management definition: Insertion of laryngeal mask/tube into mouth (for Combitube, King, LMA, and other oral non airway devices)

7. Primary airway management: BVM
   For post sedation Fentanyl should be utilized first. If it is unsuccessful, you may try Midazolam.

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Cormack Lehane Scale: