

	Department: Respiratory Services	Date Originated: September 2010 Date Reviewed/Revised:
PROCEDURE	Topic: <u>Emergency</u> – Retrograde Intubation for Emergency Airway Management (Respiratory Therapy) Number: B-00-12-12071	Related Links:

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APPLICABLE SITES:

St. Paul's Hospital
Mount Saint Joseph Hospital

INDICATIONS:

- Inability to establish an airway when standard airway procedure have been attempted
- Emergency airway access when visualization of the vocal cords is not possible (i.e. trauma to the airway, blood in the airway, abnormal anatomy)

CONTRAINDICATIONS:

- Coagulopathy
- Obscure cricothyroid membrane
- Mass (i.e. goiter)

EQUIPMENT:

- Retrograde intubation set
 - Introducer needle
 - Catheter introducer needle
 - Wire guide
 - Radiopaque catheter
 - syringe
- Magill forceps
- Intubation supplies and equipment
- Suction setup
- Sterile gloves and drapes
- Skin antiseptic

PROCEDURE:

1. Ensure all intubation supplies and suction setup is prepared and functional.
2. Open the retrograde intubation kit while maintaining sterility.
3. Assist the physician in preparing the site.
4. The **physician will:**
 - a. Insert the introducer needle/catheter introducer needle with syringe attached through the cricothyroid membrane and will continue to advance until aspiration on the syringe draws back air (indicating entrance in the trachea).
 - b. Remove the syringe and leave either the needle or catheter in place.
 - c. Using the red plastic adaptor, advance the “J” end of the wire through the catheter/needle into the trachea in an upward direction until it can be retrieved from the mouth or nose (Magill forceps may be used).

NOTE: Ensure that both of the black positioning marks on each end of the wire are visible.
 - d. Remove catheter or needle from the cricothyroid membrane.
 - e. Place the radiopaque catheter over the wire via the mouth/nose and advance until there is tenting noted at the cricothyroid membrane access site.
 - f. Place the endotracheal tube over the catheter/wire and into proper position. Be sure to maintain control and position of the wire during advancement of the ETT.
 - g. Remove catheter/wire and advance ETT into proper position.
5. Confirm proper placement of the airway via capnography and auscultation. Secure the airway and obtain chest x-ray.
6. Document procedure and patient response.