

# EL DORADO COUNTY EMS AGENCY

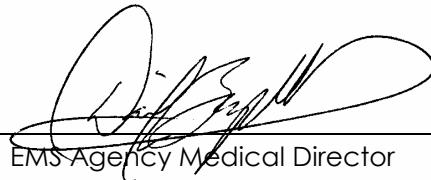
## FIELD PROCEDURES

Effective: July 1, 2011

Reviewed: July 1, 2011, 2018

Revised: July 1, 2016

Scope: ALS – Adult and Pediatric



EMS Agency Medical Director

### STOMAL INTUBATION

#### PURPOSE:

To provide an advanced airway in an adult or pediatric patient who has an obstructed or compromised tracheostomy or stoma.

#### INDICATIONS:

- Emergency control of compromised airway in breathing/non-breathing patients with existing tracheostomy without tube (mature stoma)
- Dislodged tracheostomy tube (decannulation)
- Tracheostomy tube obstruction not resolved by suction

#### COMPLICATIONS:

- Damage to tracheal structures
- Laryngeal trauma/ bleeding
- Hypoxia during prolonged intubation attempts
- Induction of pneumothorax (forceful bagging, traumatic insertion, etc.)

#### CONTRAINDICATIONS:

- None in an emergency setting

#### PRECAUTIONS:

- Maintain in-line stabilization in all patients with suspected cervical spine injury
- Recheck tube placement whenever patient is moved
- Always have suction available and ready to use

#### PROCEDURE:

1. Remove existing tube from stoma if airway is compromised. **Do not attempt to reininsert a dislodged pre-existing tracheostomy tube.**
2. Assure an adequate BLS airway. Cover stoma with gloved hand or occlusive dressing when using a bag-valve-mask. Oxygenate with 100% oxygen.
3. Select the largest ET tube that will fit through the stoma without force (lubrication of the tube with viscous Lidocaine may be needed).
4. Check cuff, if applicable.
5. Do not use a stylet.
6. Pass ET tube until the cuff is just past the stoma. Right mainstem bronchus intubation may occur if the tube is placed further since the distance from tracheostomy to carina is less than 10 cm. The tube will protrude from the neck by several inches.
7. Inflate the cuff.
8. Verification of proper tube placement as per VERIFICATION OF ADVANCED AIRWAY PLACEMENT policy.
9. Secure the tube with tape and ventilate.
10. PCR documentation shall include verification of airway placement including a monitor strip of EtCO<sub>2</sub> tracing whenever instituted.