



**PROCEDURES  
PROC-01E**

**DIRECT LARYNGOSCOPY**

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**Indications:**

- Unable to intubate with King Vision

**Contraindications:**

- Distorted upper airway anatomy requiring surgical airway

**Procedure:**

1. Select blade style and size.
2. Place patients head in position – align ear canal to sternal notch. Utilize ramping. Utilize in-line intubation technique if suspected trauma.
3. Utilizing a standard scissor technique to open the mouth and place blade along curvature of tongue in order to visualize epiglottis.
4. Macintosh blade: Place the blade tip into the vallecula while lifting at 45 degree or “corner of the room” angle displacing the mandible anteriorly.
5. Miller blade: Place the blade tip posterior to epiglottis while lifting the epiglottis anteriorly
6. First attempt, best attempt: Bougie will be utilized along with bimanual manipulation
7. Advance bougie/ET tube through the vocal cords to the proper depth in the trachea. Allow ET cuff to pass through vocal cords and remove bougie.
8. Inflate cuff
9. Verify placement with physical exam and ETCO2

**Considerations:**

- Suction should be utilized prior to the procedure.
- Anterior portion of c-collar should be removed and manual c-spine stabilization performed during the procedure.