Indications:

- Should be first device utilized for orotracheal intubation (channeled with bougie)

Contraindications:

- Oral opening less than 2cm

Procedure:

1. Select blade style and attach to display (listen & feel for "click" to confirm proper connection).
2. Lubricate blade and ET tube keeping lubricant away from imaging sensor.
   - Channeled blade – ET tube should be preloaded into the channel.
   - Non-channeled blade – A rigid stylette should be placed into the ET tube.
     - **A rigid stylette is preferred** over a malleable stylette
3. Power device on and check for a functional moving image.
   - If a static, split, or frozen image is displayed power the device off; assure the blade is seated correctly to the display and power back on.
4. Place patients head in a neutral or sniffing position.
5. Utilizing a standard scissor technique to open the mouth, place the blade into the oropharynx with a mid-line approach; follow the curvature of the tongue looking for the uvula and then epiglottis
6. Place the blade tip into the vallecula while lifting straight up (not 45 degree or "corner of the room" angle); displace the mandible anteriorly. (Macintosh approach).
   - An alternative approach is to lift the epiglottis directly (Miller approach).
7. Advance the ET tube through the vocal cords to the proper depth in the trachea.
   - Channeled Blade
     - ET tube can be twisted within channel for lateral adjustment
     - If ET tube impacts right arytenoids retract tube and twist to the left
     - Bougie to be utilized for additional anterior deflection
8. Non-Channeled Blade
   - Follow blade curve with ET tube tip to avoid losing tip in the oropharynx
   - Align ET tube tip with vocal cords
   - Retract stylette as ET tube is advanced
9. Stabilize and hold the ET tube laterally while withdrawing blade from the mouth.
10. Disconnect the blade from display; dispose of blade and clean / disinfect display.

Considerations:

- During placement of the blade, maintain as anterior an approach as possible to avoid pooled secretions in the posterior pharynx. 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.
- The following techniques can be utilized to avoid the chest in large body habitus patients:
  - Insert blade sideways (like an OPA) and rotate into a midline position.
  - Insert blade without display attached, then attach display while blade is in the mouth and power on.
  - Ramping is encouraged
  - Channeled blade will accommodate 6.0 – 8.0 ET tube.
- If rigid stylette is utilized, it must be segregated and disinfected through Materials Mgmt