

**OPTIONAL SUPPLEMENTAL PROTOCOL
AIRWAY MANAGEMENT: VIDEO LARYNGOSCOPY
FOR OROTRACHEAL INTUBATION**

**C. AIRWAY MANAGEMENT: VIDEO LARYNGOSCOPY FOR
OROTRACHEAL INTUBATION**

1. PURPOSE

Endotracheal intubation using video laryngoscopy involves visualizing the glottic opening using specialized technology to view “around the corner” and pass the endotracheal tube, under optimal visualization, into the trachea. The purpose is to provide airway and ventilatory support for apnea, hypoxia, hypoventilatory respiratory failure, or respiratory insufficiency.

The video laryngoscope device must have the following features:

- a) Color monitor
- b) Anti-fog mechanism
- c) Video recording device
- d) Appropriately-sized blade for the patient being intubated

2. INDICATION

Video laryngoscopy and orotracheal intubation is indicated for patients who meet one or more of the following criteria and for whom appropriately-sized equipment is available:

- a) Apnea or agonal respirations
- b) Airway reflex compromised
- c) Ventilatory effort compromised
- d) Injury or illness involving the airway
- e) Potential for airway or ventilatory compromise

3. CONTRAINDICATIONS

Lack of an appropriately-sized laryngoscope blade for the patient being intubated.

4. POTENTIAL ADVERSE EFFECTS/COMPLICATIONS

- a) Trauma to the mouth, pharynx, larynx, trachea, esophagus
- b) Right mainstem bronchus intubation
- c) Vomiting
- d) Secondary brain injury resulting from hypoxia and/or hypotension
- e) Displacement of a properly placed endotracheal tube
- f) Esophageal intubation

5. PRECAUTIONS

- a) Attempt visualization and endotracheal intubation up to two times. If additional attempts are indicated, consult medical direction and consider what changes would result in improved visualization and success at endotracheal placement of the ET tube.
- b) Confirm placement of the endotracheal tube in the trachea as described in AIRWAY MANAGEMENT: OROTRACHEAL INTUBATION.

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6. PROCEDURE

- a) Insert the Video Laryngoscope Device midline into the pharynx.
- b) Advance the Video Laryngoscope Device midline to center the vocal cords on the video screen.
- c) Pass the endotracheal tube between the vocal cords, remove the stylet, and advance the tube to the desired depth.
- d) Secure the endotracheal tube and verify correct placement.