Amherst Fire District
Procedure

Orotracheal Intubation

Clinical Indications:

- An unconscious patient without a gag reflex who is apneic or is demonstrating inadequate respiratory effort.

Contraindications:

- Gag reflex – Consider RSI if airway protection is indicated.
- Facial Trauma
- Anatomy not supportive of intubation.

Procedure:

1. Prepare all equipment and have suction ready.
2. If dentures are loose they should be removed.
3. Pre-oxygenate the patient.
4. Open the patient's airway and holding the laryngoscope in the left hand, insert the blade into the right side of the mouth and sweep the tongue to the left.
5. Use the blade to lift the tongue and epiglottis (either directly with the straight blade or indirectly with the curved blade).
6. Once the glottic opening is visualized, slip the tube through the cords and continue to visualize until the cuff is past the cords.
7. Remove the stylet and inflate the cuff with 5-10cc of air (until no cuff leak).
8. Auscultate for bilaterally equal breath sounds and absence of sounds over the epigastrim.
   This should be repeated frequently and after movement or manipulation.
9. Confirm the placement using an end-tidal CO_2 or esophageal bulb device, Mist in tube, Visualization of Cords.
10. Secure the tube.
11. Document ETT size, time, result (success), and placement location by the centimeter marks either at the patient's teeth or lips on/with the patient care report (PCR). Document all
    devices used to confirm initial tube placement. Also document positive or negative breath sounds before and after each movement of the patient.
12. Consider using a c-collar for head stabilization lessening the chance of tube dislodgement.

Certification Requirements:

- Successfully complete an annual skill evaluation inclusive of the indications, contraindications, technique and possible complications of the procedure.
- Two (2) attempts per qualified individual then go to backup airway.