**Purpose:**
To provide positive control of an airway
To facilitate assisted ventilation in a patient with inadequate respirations
To prevent aspiration in a patient with decreased reflexes

**Indications:**
Patients in severe respiratory distress
Unconscious patients unable to protect own airway
Apnea or inadequate respiratory effort

**Advantages:**
Positive control of the airway
Prevents aspiration
Facilitates ventilation
Provides route for administration of selected medications
Facilitates suctioning

**Disadvantages:**
Requires special training and equipment
May be difficult to avoid C-spine movement
Does not prevent gastric regurgitation

**Complications:**
Airway trauma
Misplacement
Esophageal placement causes hypoxia
Potential for simple or tension pneumothorax
Gastric dilatation

**Contraindications:**
Patient with intact gag reflex

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**Steps:***

1. **Assure adequate ventilation and oxygenation of patient**
2. Assemble laryngoscope and blade, checking the battery and security of the light bulb in the blade
3. Select appropriate size ETT with exterior diameter approximately equal to the diameter of the distal joint of the patient's little finger
4. Inflate the cuff, check for leaks; deflate the cuff
5. Lubricate the ETT with water soluble gel
6. Slightly extend patient's head, maintaining in-line stabilization for suspected C-spine injury
7. Holding the laryngoscope in the left hand, insert the blade into the right side of the mouth and sweep the tongue to the left
8. Lift up and anterior with the blade to expose the pharynx and epiglottis
9. Visualize the vocal cords and pass the tube through the cords until the cuff has passed ~1 cm below the cords
10. Inflate the cuff and connect EtCO2
11. Auscultate over the stomach and bilaterally over the axillae to confirm placement
12. Secure the tube with an appropriate device based on the tube size: 4.0 or smaller - sliplock; 4.5 or larger - comfit
13. Ventilate with frequent reassessment of breath sounds

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**NOTES:**
- To prevent accidental extubation of a patient who has been intubated, the following steps should be taken when managing a patient with a 2.5 - 5.5 ET tube:
  - Inflate the cuff with 1 cc air. Avoid overinflating the cuff, as this may cause airway damage. The pilot balloon should remain soft after inflation of the cuff.
  - Verify ETT placement by connecting and documenting the EtCO2 reading.
  - Management of the airway should be maintained by an EMT-Paramedic and not turned over to an EMT-Basic.
  - The head of the intubated patient should be maintained in an in-line stabilized position during transport.
- Most accidental extubations of patients occur during patient movement. The bag-valve assembly should be disconnected from the ETT for no longer than 30 seconds. ETT placement must be verified when reattaching the bag-valve.
- Limit intubation attempts to two attempts per provider with one additional attempt by one additional provider – total of three attempts. Assure adequate oxygenation and ventilation between intubation attempts. If unable to intubate after three attempts, insert non-visualized airway.