

**COMBITUBE Airway**  
STANDARD Combitube

- ABCs
- Oxygen 100%
- Assist Ventilations, prn

Assemble & check equipment

Place the patient's head in a neutral position

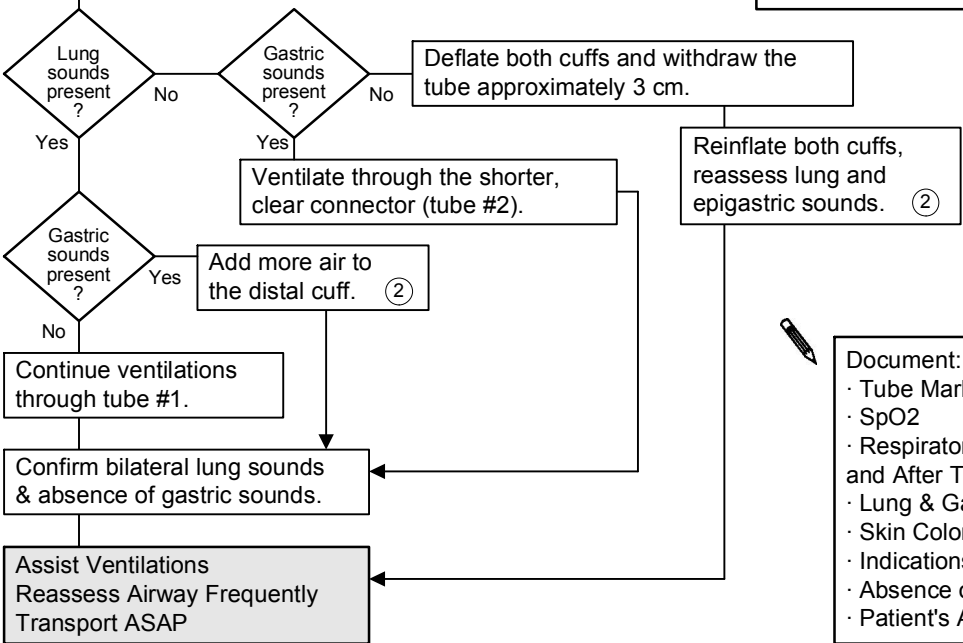
- Jaw-Lift Maneuver
- Insert device to the depth indicated by the markings on the tube. The black rings should be positioned between the patient's teeth.

Once the COMBITUBE is in place:  
Inflate the pharyngeal cuff with 100 ml of air. ①

Inflate the distal cuff with 10-15 ml of air

Begin ventilation through the longer, blue connector (tube #1).

Auscultate both lungs and the stomach



**ALS  
BLS  
Protocol**

- Indications:
- Endotracheal intubation cannot be performed
  - Attempts at endotracheal intubation have been unsuccessful
  - Direct visualization of the larynx is inhibited by profuse bleeding

- Contraindications:
- Less than 16 years old
  - Less than 5 feet tall
  - Patients with a gag reflex
  - Patients with known esophageal disease or alcoholism (possibility of esophageal varices exists)
  - Patients who have ingested a caustic substance

- Document:
- Tube Markings at Teeth
  - SpO2
  - Respiratory Status Before and After Treatment
  - Lung & Gastric Sounds
  - Skin Color
  - Indications for Use
  - Absence of Gag Reflex
  - Patient's Age, Height

1 This seals the device in the posterior pharynx behind the hard palate. More air may be added to the pharyngeal cuff if an inadequate seal is detected during ventilation.  
2 At NO time should the patient's airway or ventilatory status be compromised. If placement is unsuccessful, remove the device and return to oropharyngeal airway and assist via bag-valve-mask.

NOTE: This protocol is ONLY to be used with the STANDARD Combitube and does NOT apply to the Combitube SA.