

Intubation: Orotracheal

ALS procedure

- ABCs
- Oxygen 100%
- Assist Ventilations, prn
- Transport ASAP

Preparation

Position yourself at the patient's head

Inspect suction, laryngoscope, test inflate ETT cuff

PreOxygenate patient with 100% Oxygen

Monitor SpO2

Indications:
When the patient is unable to protect their airway, i.e., coma, respiratory or cardiac arrest, or when prolonged ventilation is needed.

Technique

Anytime the patient goes 30 seconds without ventilation, stop the procedure and hyperventilate for 30-60 seconds before intubation is re-attempted.

Place patient in sniffing position ①

Inspect oropharynx for secretions, foreign bodies, dentures ②

Suction as needed

Hold laryngoscope in left hand

Open the patient's mouth with fingers of your right hand

Gently insert laryngoscope blade in the right side of the mouth

Move the blade toward midline, displacing the tongue to the left

Curved blade: advance blade tip into the vallecula

Straight blade: advance the blade tip under the epiglottis

Gentle upward traction will expose the glottic opening ③ ④

Advance ET tube through the right side of the mouth and through the vocal cords ⑤

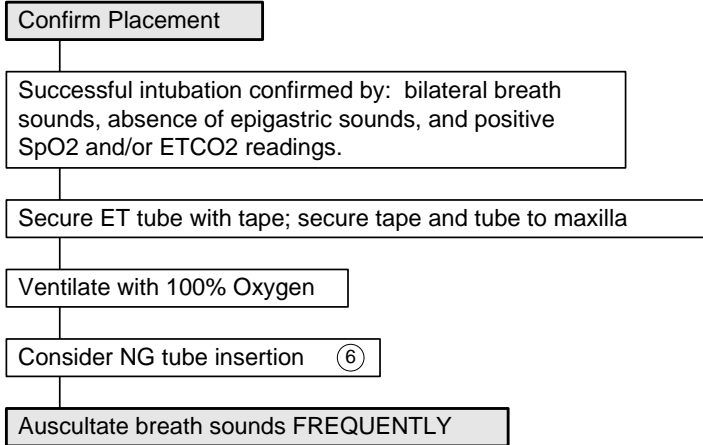
Inflate cuff with 5-8 cc of air

Note depth markings of ET tube

See page 2 of 2

INTUBATION:
OROTRACHEAL

ALS procedure



- Items Needed:
- Laryngoscope
 - Various blades
 - ET tubes
 - Suction
 - Oxygen source
 - Bag-valve-mask
 - Stethoscope
 - Stylet
 - Syringe, 10 cc
 - Lubricant, water soluble
 - SpO2 monitor
 - Gloves, eye shield
 - NG tube
 - Tape



- Document:
- ABCs
 - Detailed Assessment
 - Vital Signs
 - SpO2, ETCO2
 - Glasgow Coma Scale
 - Lung Sounds
 - Absence of Epigastric Sounds
 - Methods Used to Verify ET Tube Placement
 - Condensation Present?
 - Chest Rise
 - Secured at (Marking)
 - Skin Color
 - Medications used
 - Communication with Medical Control if any

- 1 Maintain strict c-spine precautions if potential for c-spine injury exists.
- 2 Remove dentures.
- 3 Avoid applying pressure on teeth or lips.
- 4 Never use a prying motion. Do not use the teeth as a fulcrum!
- 5 Advance the ET tube: ensure the tube cuff is 1 to 2.5 cm below the vocal cords (on an adult).
- 6 Use oral route instead of nasal insertion if facial or head injury exists.