



Airway Orotracheal Intubation

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Clinical Indications:

- An unconscious patient without a gag reflex who is apneic or is demonstrating inadequate respiratory effort.
- Any patient medicated for rapid sequence intubation.

Procedure:

1. Prepare all equipment and have suction ready.
2. Preoxygenate and hyperventilate the patient.
3. 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.
4. Use the blade to lift the tongue and epiglottis (either directly with the straight blade or indirectly with the curved blade).
5. Once the glottic opening is visualized, slip the tube through the cords and continue to visualize until the cuff is past the cords.
6. Remove the stylet and inflate the cuff with 5-10cc of air (until no cuff leak).
7. Auscultate for bilaterally equal breath sounds and absence of sounds over the epigastrium. This should be repeated frequently and after movement or manipulation.
8. Confirm the placement using an end-tidal CO₂ or esophageal bulb device.
9. Secure the tube.
10. 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.

Certification Requirements:

- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System. Assessment should include direct observation at least once per certification cycle.