**Endotracheal Administration of Medication**

**Practical Skills**

**Purpose:**
To deliver medication to the alveoli of the lung for rapid absorption by the capillaries

**Indications:**
Critically ill patient who is intubated but IV access is not available

<table>
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<tr>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Complications</th>
<th>Contraindications</th>
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<td>ET must be in place Epinephrine and atropine dosages must be doubled Some of medication will adhere to the walls of the ET tube Not all medication may be administered via ETT Must stop CPR and ventilation to administer</td>
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- Delivers medications rapidly to the circulatory system for distribution throughout the body
- Can be done without IV access

**Disadvantages:**
- ET must be in place
- Epinephrine and atropine dosages must be doubled
- Some of medication will adhere to the walls of the ET tube
- Not all medication may be administered via ETT
- Must stop CPR and ventilation to administer

**Complications:**
- Potential damage to lung tissue by the medication

**Contraindications:**
- Medication not approved for ET administration

**NOTES:**
- Medications approved for ET administration:
  - Naloxone, atropine, epinephrine, lidocaine.

**Steps:**
1. Ascertain allergy history of patient
2. Intubate patient orally or nasally
3. Attach right angle swivel connector with medication port to top of ET tube if desired
4. Ventilate patient
5. Confirm dosage, type, and route of administration of medication
6. Prepare medication for administration
7. Using sterile technique, draw up 10 cc normal saline into the 20 cc syringe
8. Stop ventilation and chest compressions if in progress
9. Open medication port on swivel connector or disconnect bag-valve device
10. Inject medication into ET tube:
    - If volume of medication is < 5 cc follow with a 5 cc flush of normal saline;
    - If volume of medication is ≥ 5 cc, no flush is necessary
11. Close medication port or reconnect bag-valve device and slowly compress bag-valve device (over a 2 second period) 5 times, then continue to ventilate
12. Dispose of contaminated material in appropriate receptacle