Purpose: To obtain core temperature of suspected hypothermic patient

Indications: Cardiac arrest, medical or traumatic

Advantages:
- Minimal training required
- Rapid insertion

Disadvantages:
- Gag reflex must be absent
- Patient must be unconscious
- Does not protect from aspiration

Complications:
- Possible trauma to airway or esophagus

Contraindications:
- Known esophageal disease or trauma
- Upper airway trauma or bleeding
- Intact gag reflex
- Caustic ingestion

Proper placement of the continuous temperature monitor can only be accomplished if the patient is being successfully ventilated through an endotracheal tube or a King LTS-D, size 3 or larger. The monitor is capable of detecting a temperature range from 63°F to 113°F and can convert from Fahrenheit to Celsius.

1. Intubate and ventilate
2. Estimate appropriate probe length by measuring from the corner of the mouth, to the ear lobe, then to the sternum. Mark length with tape.
3. Lubricate probe; partially insert into a # 4.5 endotracheal tube
4. Lubricate the 4.5 ETT; without dislodging the tracheal tube already in place insert orally into the esophagus until the 22 mm adaptor rests at the teeth. Ensure both tubes are secured.
5. Advance the probe to the appropriate depth; secure with tape

If the patient is over 4 feet tall:
- Yes: King airway in place?
  - Yes: BLS
  - No: Estimate appropriate probe length by measuring from the gastric access lumen, to the ear lobe, then to the sternum. Mark length with tape.
    - Lubricate the probe; insert orally into the gastric access lumen
    - Advance the probe to the appropriate depth; secure with tape
    - Plug base of probe into the monitor; turn on. Wait 45 seconds for core temperature reading.
    - Document results and treat accordingly

If the patient is not over 4 feet tall:
- No: Intubate and ventilate

BLS

ALS