



# Endotracheal Intubation with Video Laryngoscopy

Paramedic

## PROCEDURE

- Prepare all equipment: blades, tubes, suction, O2 source, BVM, EtCO2, stylets, syringes
- Oxygenate patient for 3-5 minutes with high flow O2, consider passive oxygenation during intubation procedure.
- Choose size of blade needed based on patient age and size
- Connect the appropriate size of video adapter needed based on intended blade size to video display
- With video adapter in place, power on the device
- Confirm with partner you are prepared to start the procedure
- Open patient's mouth using standard technique and suction if needed
- Insert blade into patient's mouth following the midline. Find vocal cords in the middle of the screen. **DO NOT** take your eyes off vocal cords once they are centered on the screen
- Insert tube into trachea and secure using a commercial device **to prevent dislodgement**
- Confirm tube placement with waveform capnography, lung sounds, equal chest rise and fall and misting in the tube

## REFERENCE GRAPHICS



## KEY POINTS

- Allows visual insertion of an endotracheal tube
- Provides positive control of an airway
- Facilitates assisted ventilation in a patient with inadequate respirations
- Prevents aspiration in a patient with decreased reflexes
- Waveform capnography should be continued throughout patient care until termination/handoff of care
- **Consider SALAD for all intubation attempts**

### OXYGENATION TIPS

- 2 thumbs up BVM
- Nasal cannula with high flow O2
- External auditory meatus in line with jugular notch
- PEEP valve on BVM
- Suction prior to intubation
- Manual c-spine stabilization

### MOANS-F (predictors of difficult BVM)

- Mask seal possible?
- Obesity/obstruction
- Age > 55 years
- No teeth
- Stiff lungs
- Facial Hair

### LEMONS (intubation evaluation)

- Look outside
- Evaluate 3-3-2
- Mallampati
- Obesity/obstruction
- Neck Stiff
- Saturation > 93%

### HEAVEN (rescue airway indications)

- Hypoxemia
- Extremes in sizes
- Anatomic disruption
- Vomit/blood
- Exsanguination
- Neck Mobility

Practical Skills Manual

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