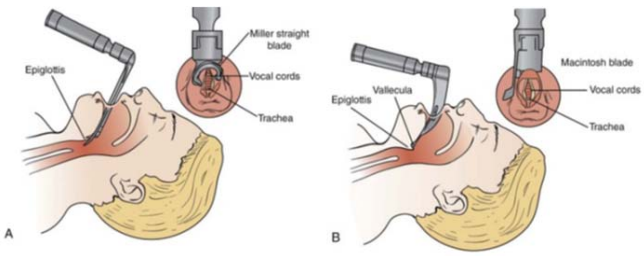
Direct Laryngoscopy

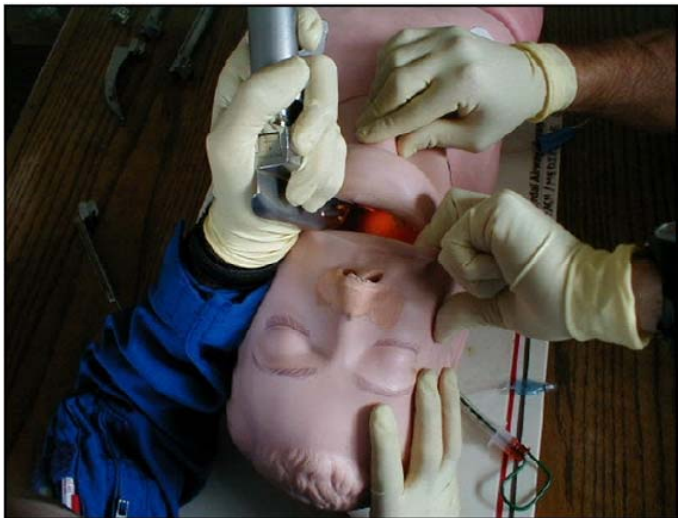
Paramedic

PROCEDURE

- ❑ Ensure adequate ventilation and oxygenation prior to intubation attempt.
- ❑ Oxygenate patient for 3-5 minutes with high flow O2, consider passive oxygenation during intubation procedure.
- ❑ Assemble and check all equipment needed for successful intubation, coordinate with partner.
- ❑ Slightly extend patient's head into sniffing position (external auditory meatus at the same elevation as the jugular notch.
- ❑ For patients in a c-collar, remove c-collar and maintain inline stabilization manually.
- ❑ Utilize the 2-finger scissor technique to open the patient's mouth.
- ❑ Holding laryngoscope in left hand, insert into patient's mouth at the midline position gently advancing towards the glottis.
- ❑ Utilize gentle forward and upward motion to visualize and inspect the glottic opening.
- ❑ Once visualization of the vocal cords has occurred, do not take your eyes off of them.
- ❑ Pass the ET tube between cords to the proper depth and inflate balloon with 6-10 cc of air.
- ❑ Confirm placement of tube with waveform capnography – colormetric may be utilized as a backup.
- ❑ Secure tube with commercial device.

REFERENCE GRAPHICS





KEY POINTS

- Waveform capnography is required for all ETT tube confirmation along with continuous monitoring after the procedure
- The head of the intubated patient should be maintained in an inline stabilization position for transport. Consider c-collar application
- Lung sounds and capnography should be assessed after each patient move
- Limit intubation attempts to two per patient
- Ensure adequate oxygenation and ventilation between intubation attempts
- Waveform capnography should be continued throughout patient care until termination/handoff of care
- Tube depth at the teeth should be equivalent to three times the diameter of the tube
- Prevent damaging patient's teeth by avoiding leverage on the laryngoscope blade or teeth

OXYGENATION TIPS

- 2 thumbs up BVM
- Nasal cannula with high flow O2
- External auditory meatus inline 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/obstuction
- Neck Stiff
- Saturation > 93%

HEAVEN (rescue airway indications)

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

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