



# 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
- 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

### 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/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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Revision Date: September 2018