PROCEDURE FOR ETI PLACEMENT

BASIC EMT / ADVANCED EMT

- Take infection control precautions
- Open airway manually, head tilt chin-lift technique or jaw thrust for trauma victims
- Utilize airway adjunct, OPA
- Ventilate with BVM:
  - 8 to 10 per minute for CP
  - 10-12 breaths for perfusing patient

    Enough tidal volume to achieve normal chest rise

- Pre-oxygenate patient for at least 30 seconds prior to intubation attempt

PARAMEDIC

- Select appropriate sized ETT with stylette or Bougie device
- Suction must be available for use as needed. Consider utilizing the S.A.L.A.D. technique.
- If ETT is not passed after total of two attempts at visualization and/or ETT passage, a non-visualized airway should be placed
- Sedation as needed following ETI.

Adult Patients:

Midazolam (Versed) Up to 5 mg IV, IO, IN, or IM may repeat to a total dose of 10 mg. Contraindicated with hypotension.

OR

Ketamine (Ketalar) 300 mg IM, however, if IV is established, administer 1 mg/kg IV / IO. May repeat IV dose once.

Pediatric Patients:

Midazolam (Versed) 0.1 mg/kg to a maximum dose of 5 mg IV, IO, IM, or IN.

- May repeat initial dose once.
- Contraindicated with hypotension.

OR

Ketamine (Ketalar) 1.0 mg/kg

- May repeat initial dose once
- Contact Medical Control for further orders

- Pain Control:

Adult Patients

Fentanyl (Sublimaze) *****First choice for hemodynamic instability, extremes of age***

- 1 mcg/kg IV/IO/IM/IN slowly every 5 minutes (not to exceed 100 mcg per unit dose) a maximum total dose of 200 mcg

Hydromorphone (Dilaudid) **Appropriate when longer duration of effect desired

Adult Patients

- 0.5 – 1.0 mg IV/IO/IM every 10 min to max of 2mg

Geriatric Patients (greater than 65 years)

- 0.5mg IV/IM every 10 min to max of 1 mg

Both **Dilaudid** and **Fentanyl** can be administered slow IV or IM, however, **the patient will receive only one of the two drugs by standing order.**

Pediatric Patients:

Fentanyl – Age 2 and Greater

- Give 1 mcg/kg IV/IO/IM/IN slowly every 5 minutes, (not to exceed 100 mcg per unit dose) to a total dose of 200 mcg

- K-Y Gel for tube lubricant as necessary
- Secure the tube in place with commercial securing device and consider a cervical collar for tube/head immobilization even without trauma.
- PEEP valves may be used at 5cm H_2O, if available but may be contraindicated in hypotension
- Tidal volume 5-8 ml/kg of ideal body weight and rate 8-12 breaths/minute with spontaneous circulation
- Tidal volume 500-600 ml and rate 8-10 breaths/minute with cardiac arrest
- During CPR, with advanced airway in place, give continuous chest compressions without pauses for breaths

Intubation Placement Verification

- Visualization of tube passing through the vocal cords, noting cords above ET balloon
- 5-point auscultation (direct auscultation of the chest (anterior, below clavicles and axillary)) for positive breath sounds/abdomen *for the absence* of breath sounds.
- Fogging of the ETT with positive breath sounds.
- Equal rise and fall of the chest.
- SpO_2 should be monitored before and after intubation.
- Continuous waveform $ETCO_2$ (Capnography) **within 1 minute** after ET placement. $ETCO_2$ should be closely monitored any time patient is moved.
- ETT placement should be reconfirmed any time the patient is moved.