

**EMS REGION 1 EMERGENCY MEDICAL SERVICES
STANDARD TREATMENT PROTOCOLS
EMT – Paramedic**

SMO: Adult Intubation Procedure

Overview: Guidelines for placement of an endotracheal tube for the purpose of isolating the trachea and facilitating assisted ventilation and respiratory suctioning in an adult patient.

INFORMATION NEEDED

- Respiratory disease history
- Previous airway management interventions
- Head trauma
- Recent ingestions / potential allergic reactions
- Identified trauma
- Possibility of exposure to super heated air or smoke (e.g. fire)

OBJECTIVE FINDINGS

One or more of the following identified

- Apnea
- Hyperventilation
- Inability to otherwise establish or maintain airway or ventilation.
- Evidence of head injury, especially facial trauma
- Decreased mental status (patient will tolerate an OPA)

PROCEDURE

- Prepare equipment
- Apply cricoid pressure
- Insert laryngoscope and visualize glottic opening
- Suction if necessary
- Pass ET tube plus inflate cuff
- Remove stylet, ventilate, with 100% oxygen
- Confirm tube placement with end tidal CO₂ or assist device and auscultation
- Secure tube

Documentation of adherence to protocol:

- Respiratory exam
- Evaluation for possibility of trauma, if present C-spine precautions.
- Oxygen saturation
- Number of attempts (= passage of ETT past teeth)
- Confirmation of tube placement
- Failure of BLS airway maneuvers to successfully ventilate

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

PRECAUTIONS AND COMMENTS

- Intubation attempts should not be protracted or persisted with if unsuccessful.
The provider team should make no more than 3 attempts before relying on good BVM ventilation until arrival at the hospital or resorting to a rescue airway for adults (E.g. Needle cricothyrotomy or surgical cricothyrotomy).
- If suctioning is necessary, maintain oxygenation and ventilation between suction attempts. Each suction should last no more than 10 seconds