



# **Bend Fire & Rescue EMS Performance Standards**

## **Oral Intubation (Peds) – 3.1.4**

---

### **Performance Objective**

- Secure placement of an endotracheal tube to ensure a patent airway for positive pressure ventilation.

### **Equipment Needed**

- PPE
- Broselow Tape
- OPA (various sizes)
- NPA (various sizes)
- Suction Equipment
- BVM w/ Tubing
- O2 Cylinder
- RSI Medications
- Laryngoscope(s)
- Laryngoscope Blades (various sizes)
- Magill Forceps
- Endotracheal Tubes (various sizes)
- Sylet(s)
- Stethoscope
- Pulse Oximeter
- Waveform Capnography

### **Procedure**

- Take or verbalize appropriate body substance isolation precautions.
  - Examples: gloves, goggles, mask, gown, etc.
- Evaluate BLS airway adjuncts / positive pressure ventilation (PPV) for adequacy and determine need for advanced airway.
  - Inadequate chest rise / fall.
  - No improvement in patient's color / condition.
  - Patient requires definitive airway.
- Place patient in a position that will provide for optimal oxygenation / ventilation.
  - Consider padding under patient's body for neutral alignment.
- Prepare equipment needed for endotracheal intubation (ETI) with sizing appropriate for patient.
  - Reference Broselow tape for endotracheal tube (ETT) sizing.
  - In addition, have a variety of ETT sizes available for backup.
- Pre-medicate patient, if necessary.
- Inspect oropharynx for secretions, foreign bodies, etc.
  - Use suction / Magill forceps as needed.
- Visualize anatomical structures during direct laryngoscopy.
  - Minimize oral trauma through use of proper technique.
  - \*Note: Patient should not go without ventilation for greater than 30 seconds.
- Place ETT securely in the trachea at correct depth.
- Immediately re-establish ventilations with supplemental oxygen.
- Confirm successful placement of ETT.
  - Direct visualization of ETT passing through cords.
  - Appropriate chest rise / fall.
  - Auscultate over epigastrium for absence of airflow with PPV.
  - Auscultate over lung fields for confirmation of airflow with PPV.
  - Waveform capnography.
  - Oxygen saturation.
- Note depth of ETT / secure and administer medication for continued sedation, if necessary.
- Maintain effective oxygenation / ventilation and reassess airway frequently.