

7.02 4 ORAL ENDOTRACHEAL INTUBATION

EMSAC JUNE 2026

ALS

INDICATIONS

- Unconscious, apneic, or near apneic, patients without a gag reflex ≥8 year of age

PROCEDURE TECHNIQUE

1. Optimize positioning as indicated by patient presentation. ~~Place patient in correct position.~~
2. Pre-oxygenate: Ventilate the patient with BVM ventilations with adequate tidal volume and rate for 1-3 mins with 100% Oxygen, avoid hyperventilation
3. Instruct partner to place patient on cardiac and pulse oximeter monitors
4. Select a proper ETT
5. Insert stylet. ~~If using video laryngoscopy, insert rigid stylet.~~
6. Select proper sized blade and visualize landmarks (epiglottis, posterior notch, vocal cords)
7. Suction as needed
8. Insert and visualize the ETT 2-3 cm past the cords
9. Attempts should be limited to a fall decrease in heart rate, decrease in pulse oximetry or 30 seconds per attempt
10. Provide apneic oxygenation using high flow (>15 LPM) nasal cannula between attempts when two reliable sources of oxygen are available
11. Remove stylet, inflate cuff and bag ventilate
12. Confirm initial correct placement with the following:
 - a. Observe bilateral chest rise with ventilation
 - b. Auscultate Confirm breath sounds in bilateral lung fields
 - c. Confirm waveform capnography EtCO₂
 - d. Visualization of the tube remaining through the vocal cords with direct or video laryngoscopy
13. ~~Confirm position with the EtCO₂ detection monitor and at least one (1) of the following methods~~
 - ~~Presence of equal breath sounds and equal chest rise~~
 - ~~Absence of epigastric breath sounds~~
 - ~~Misting or fogging in the ETT~~
14. Continuous monitor with the EtCO₂
15. Secure the tube. Consider cervical collar to prevent extubation
16. Reassess tube placement after each patient movement ~~(may be done with EtCO₂)~~

~~17. If any doubt about proper tube placement, or if unable to capture ETCO₂ due to mechanical issues, use visualization with direct or video laryngoscopy to confirm~~

18. Consider use of gum elastic bougie especially for difficult airways

FOR VIDEO LARYNGOSCOPY TRAINED PERSONNEL ONLY

- Video laryngoscopy may be used as the initial ALS airway intervention replacing supraglottic airway when:
 - The procedure is performed by a Paramedic who has successfully completed the EMS Agency-approved airway training course
 - Chest Compressions are not interrupted during use of the device
- A successfully placed and maintained ALS airway device must **never** be removed to perform video laryngoscopy. If removed, an Exception Report shall be filed to the EMS Agency in accordance with policy
- Video laryngoscopy may be used to confirm placement of an endotracheal tube

DOCUMENTATION

1. Indication for device placement
2. EMS Personnel responsible for procedure (eprocedures.09 and eprocedures.10)
3. Time of device insertion
4. Device type and size
5. Number of attempts
6. Confirmation methods used
7. Initial and serial vital signs
8. Patient reassessment post-procedure
9. Complications, if applicable