



Endotracheal Intubation

CRITERIA

- Respiratory failure and/or arrest
- Acute or impending airway loss
- Consider in comatose patient

PROCEDURE

- Open airway and begin ventilations
- Inspect and prepare ET tube, laryngoscope and suction
- Initiate SPO2 monitoring
- Preoxygenate with 100% O2 for 30 seconds
- Intubate the patient:
 - **Oral: (I or P provider skill only)** Unconscious, absent gag reflex
 - **Nasal: (P Provider skill only)** Non-apneic patient with gag reflex present
 - **Pediatrics less than 12: P Provider skill only**
- Consider sedation for **post intubation when indicated:**
- ***Midazolam (Versed) 2 mg IN or Slow IV to maximum dose of 5 mg for adults or 0.2 mg/kg for pediatrics up to a maximum total dose of 5 mg.***
- Apply approved secondary confirmation device (capnography preferred)
- Begin ventilations
- Confirm tube placement by auscultation
- Secure ET tube using a commercial device
- Confirm quality of ventilations by observing chest rise and fall
- Monitor tube placement with capnography device
- Continue ventilations at appropriate rate
- Consider spinal immobilization