Jackson Hole Fire/EMS Operations Manual

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Title: **Procedure Guidelines: Endotracheal Tube Indtroducer (ETTI)**
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ENDOTRACHEAL TUBE INTRODUCER (ETTI)
(Procedure Guidelines)

SCOPE OF PRACTICE

All EMT-Intermediates and Paramedics shall operate within their authorized Scope of Practice as limited to those skills and medication approved for use by the Physician Medical Director and Physician Task Force on Pre-Hospital Care as approve and authorized by the Wyoming Board of Medicine

INDICATIONS:

In almost all cases, Endotracheal Tube Introducer (ETTI) should be attempted before proceeding to needle cricothyrotomy:

- Patients with Grade III and IV laryngeal views
- Patients with airway edema regardless of laryngeal view
- Anatomic conditions that preclude either adequate visualization for intubation by conventional means

CONTRAINDICATIONS:

- Do not use Endotracheal tubes smaller than 6.0

PROCEDURE:

- Perform laryngoscopy as per oral tracheal intubation procedure and obtain the best laryngeal view
- Holding the ETTI in your right hand and the angled tip pointing upward, gently advance the ETTI anteriorly (under the epiglottis or over the posterior notch) to the glotic opening (cords)
- Gently advanced the device until resistance is met at the carina
    - Because this device can potentially cause pharyngeal/tracheal perforation, NEVER FORCE the ETTI
    - If no resistance is encountered and the entire length of the ETTI is inserted, the device is in the esophagus
- The ETTI is correctly placed when you see the device going through the cords, when you feel the washboard effect of the tip on the trachea, and/or when you meet resistance while advancing the ETTI (ETTI is at the carina)

- Once positioned, withdraw the ETTI until the 37 cm black line mark is aligned with the lip and advance the lubricated ET tube over the ETTI and into the trachea. This indicates that the tip is well beyond the cords and the proximal end has enough length to slide the ET tube over
- If resistance is encountered – caused by the ET tube catching on the arytenoids or aryepiglotic folds – withdraw the ET tube slightly, rotate 90 degree and reattempt. If this is unsuccessful, use a smaller ET tube.
- Once the ET tube is in position, while holding the tube, remove the ETTI through the ET tube
- Because this is a blind intubation, end-tidal CO_2 monitoring must be present to confirm tracheal placement.