Purpose

To aid in introducing an ETT to the trachea.

Indications

Consider for all patients over 14 years of age that need endotracheal intubation. Can be used with direct laryngoscopy or video laryngoscopy.

Procedure

1. Insert laryngoscope for view of glottis.
2. Once the glottis is in view, pass the flexed end of the bougie through the cords and advance until resistance is met at the carina.
   a. The anterior trachea has cartilaginous rings. If the anteriorly flexed tip of the bougie is moved back and forth over these rings, there will be a bouncing sensation felt by the provider with the movement.
3. With the laryngoscope remaining in place with view of the glottis, pass an appropriately sized endotracheal tube over the bougie taking care not to tear the balloon on the patient’s teeth.
4. Visualize the ETT passing the cords over the bougie. Advance the ETT to approximately 23 cm in adult males and 21 cm in adult females.
5. Inflate the balloon and check external balloon pressure to rule out ETT balloon failure.
6. Remove the bougie while carefully maintaining position of the ETT.
7. Apply bag valve mask with ETCO2 monitoring.
8. Confirm placement of ETT.
9. Secure ETT and continue advanced airway management.

Complications

Passing bougie into esophagus.

Indications of a bougie passed into esophagus

1. The bougie may continue to pass without marked resistance despite traveling near entire length of the bougie.
   a. If this happens, remove the bougie and reattempt to visualize the glottis.
2. Esophageal intubation will result in sounds over the stomach with air insufflations. If this occurs remove the ETT immediately and repeat the procedure.
3. Esophageal intubation will result in low capnography levels that give poor waveform readings. This may occur in patients in cardiac arrest or those with very poor perfusion.