Indications

Any adult patient who is a candidate for orotracheal intubation

Contraindications

The diameter of the oral cavity will not accommodate blade size (the channeled blade requires 7/10 of an inch minimum mouth opening).

Procedure

1. Obtain blade and attach to handle/display. Be sure that the blade and display are completely connected, there will be a “click” heard when full connection is made. Press the Power button on the back of the display. (Note: display should not be turned on prior to insertion as it will cause the display to be distorted. If this happens, turn unit off and back on again.)

2. Lubricate blade and ETT, insert ETT into channel

3. Adjust ETT in channel, ETT tip should not be evident on the screen when loaded properly.

4. Open airway

5. Suction if needed prior to insertion, consider suctioning throughout attempt if needed
   a. If, at any time, the distal window becomes obstructed by blood or secretions, remove blade from mouth and clear the lens.

6. Insert the blade into the mouth following the midline, avoid pushing the tongue towards the larynx.

7. As blade is advanced, use an anterior approach toward base of the tongue, direct the blade tip towards the vallecula. The blade may be used in the vallecula like a Macintosh or used to lift the epiglottis like a Miller blade, per providers preference.

8. When the vocal cords are in good view, gently advance ETT.
   a. If the vocal cords are in good view but ETT is unable to be passed because the blade/camera is obstructing ETT passage, withdraw the blade slightly to obtain a more panoramic view and gently lift in an anterior direction.

9. Once ETT is passed, inflate the cuff, confirm placement via secondary methods, secure and document placement.
**Special considerations**

1. During placement of the blade, maintain as anterior an approach as possible to avoid pooled secretions in the posterior pharynx. Suction should be readily available to manage secretions, blood, or vomitus.
2. Device can be utilized with a c-collar in place.
3. Device should be held below the purple ring during use to avoid inadvertent disconnection, which can occur by lifting on display during use.
4. The following techniques can be utilized to avoid the chest in large body habitus patients:
   a. Insert blade sideways (like an OPA) and rotate into a midline position.
   b. Insert blade without display attached, then attach display while blade is in the mouth and power on.
   c. Ramping may also be effective in these situations.
   d. Blade must be connected to display before powering device on.
   e. Channeled blade will accommodate up to an 8.0 ET tube.