Interfacility Protocol

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Digital Intubation</th>
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</thead>
<tbody>
<tr>
<td>Original Adoption Date:</td>
<td>03/2003</td>
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<tr>
<td>Past Protocol Updates</td>
<td>03/2003, 09/2010</td>
</tr>
<tr>
<td>Date of Most Recent Update:</td>
<td>December 26th, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Cory Vaudt M.D.</td>
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**Indications:**

1. Patient is not in a position conductive to orotracheal or nasotracheal intubation.

2. Patient has copious secretions that inhibit visualization.

3. Patient is unresponsive.

4. An unsuccessful intubation attempt has been made via the orotracheal or nasotracheal route.

**Contraindications:**

1. Any possible c-spine injury.

2. Conscious patient.

3. Patient with preexisting condition that may cause laryngeal spasm (i.e. epiglottitis, croup)

**Possible Complications:**

1. Inadvertent intubation of the esophagus.

2. Oropharyngeal trauma.

**Procedure:**

1. Prepare and check equipment.
2. Hyperventilate patient with 100% oxygen.

3. Insert the index and middle fingers of your dominant hand into the mouth and use them to pull the base of the tongue forward.

4. Locate the epiglottis and pull it forward with your middle finger.

5. Using your other hand advance the tube through the mouth. (tube should have stylet in place and formed into a J-shape)

6. Advance the tube past the vocal cords using your index and middle fingers to guide the tube.

7. Remove the stylet and inflate the distal cuff with 5-10cc of air.

8. Confirm tube placement by auscultation both the chest and the abdomen and end-tidal CO2 detector.

9. Secure tube and place c-collar if appropriate.

10. Begin to ventilate patient at the appropriate rate.

After intubation, monitor the patient with ETCO2 to ensure proper ventilation and endotracheal tube placement.

*Note* Endotracheal Intubation attempts shall be limited to two before moving to another airway device such as the King LT. The definition of an Endotracheal Intubation attempt is “Anytime direct laryngoscopy is made with the intent to place the endotracheal tube.”