

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8805.11
	<u>PROGRAM DOCUMENT:</u> Intubation: Stomal	Draft Date:	02/01/93
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 EMS Medical Director

 EMS Administrator

Purpose:

To serve as an advanced life support skill guideline when performing a stomal intubation.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Indications:

Indications in patients with pre-existing tracheostomy:

- A. Respiratory Arrest.
- B. Hypoventilation.
- C. Loss of gag reflex.

Equipment:

- A. Endotracheal tube:
 - 1. Birth to 12 years: appropriate size according to pediatric protocols.
 - 2. 5.5 mm and smaller to be cuffless.
 - 3. Adults: 7.0 mm - 8.5 mm.
- B. Securing device (tape, twill or acceptable commercial device).
- C. Syringe 10 ml.
- D. Suction apparatus.
- E. Bag valve mask with oxygen source.

Procedure:

- A. Assemble the equipment while continuing ventilation.
 - 1. Chose the tube size. NOTE: You may need to use a smaller size tube (6mm or 7mm) if the stoma is constricted.
 - 2. Connect and check suction.
- B. Position patient.
- C. Insert the tube through the stoma.
- D. Advance the tube until the cuff is just inside the stoma or 5 cm. Insert air into the cuff, if present, to prevent an air leak.
- E. Ventilate and watch for chest rise. Listen for breath sounds over stomach (should not be heard) and bilateral lung sounds.

- F. If patient is being ventilated; continuous waveform capnography shall be utilized during transport.
- G. Note proper tube placement and secure tube.
- H. Re-evaluate the position of the tube after each move of the patient.

Special Note:

- A. The ET tube does not need to be cut or modified in any way. Doing so may damage the tube and result in a cuff leak.

DRAFT