

	<b>COUNTY OF SACRAMENTO</b> <b>EMERGENCY MEDICAL SERVICES AGENCY</b>	Document #	8805.13
	<u>PROGRAM DOCUMENT:</u> <b>Intubation: Stomal</b>	Initial Date:	02/01/93
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

**Purpose:**

To establish an advanced life support skill guideline when performing 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.
- D. Cardiac Arrest

**Equipment:**

- A. Manufacturer's Kit or appropriate-sized Endotracheal tube.

**Procedure:**

- A. When using a manufactured stomal intubation kit, follow the manufacturer's recommended insertion procedure.
- B. For Endotracheal Tube use:
  - 1. Select the largest endotracheal tube (ETT) that will fit through the stoma without force; check the cuff and remove the stylet.
  - 2. Pre-oxygenate the patient with 100% oxygen (O<sub>2</sub>) using a BVM.
  - 3. Lubricate the ETT.
  - 4. Suction if necessary.
  - 5. Pass the ETT and inflate the cuff. The pharynx has been bypassed, so the ETT will protrude from the neck by several inches.
  - 6. Hold the tube in place and attach the BVM.
  - 7. While ventilating the patient, watch for equal rise and fall of the chest.
  - 8. Secure the tube and ventilate with 100% O<sub>2</sub>.
  - 9. Auscultate for bilaterally equal breath sounds. Examine the neck for subcutaneous emphysema.
  - 10. Do not take longer than 30 seconds to perform this procedure.
- C. Secure tube, and note proper tube placement by documenting ET<sub>CO</sub>2, ETT size, time, result (success), and placement location by the centimeter mark at the stoma.

1. End-Tidal CO<sub>2</sub> monitoring shall be used.
2. Re-evaluate the position of the tube after each move of the patient and document findings on ePCR.

**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.
- B. If feasible, pull over to perform stomal intubation.
- C. This policy applies to adult and pediatric patients with an existing tracheostomy stoma in need of a secure airway.

**Cross Reference:** PD# 8020 – Respiratory Distress: Airway Management  
PD# 8031 – Non-Traumatic Cardiac Arrest  
PD# 8837 – Pediatric Airway Management