

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
CARDIOPULMONARY  
ENDOTRACHEAL INTUBATION**

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**Effective Date: March 2010**

**Policy No: 3B.020**

**Cross Referenced:**

**Origin: Cardiopulmonary**

**Reviewed Date: 3/2010**

**Authority: Cardiopulmonary Manager**

**Revised Date: 12/2012**

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**SCOPE**

All members of the Cardiopulmonary Department

**PURPOSE**

To ensure a patent airway, provide supplemental oxygen and institute positive-pressure ventilation when spontaneous breathing is inadequate or absent.

**DEFINITION**

Intubation is a procedure involving the insertion of an endotracheal tube from the mouth (or nose) into the airway to assist in breathing.

Equipment:

- Manual resuscitator with mask
- Laryngoscope handle with batteries
- Macintosh blade (curved)
- Miller blade (straight)
- Endotracheal tube (ETT)
- Stylet
- 10cc syringe
- Suction set-up
- Yankauer
- Oropharyngeal airways
- Water-soluble lubrication
- Stethoscope
- CO2 detector
- Tube tamer or tape

**PROCEDURE**

- Pre-intubation:
  - Assemble laryngoscope and check function (light and blade)
  - Check ETT cuff function, add stylet and lubrication
  - Check for proper suction set-up
  - Position the patient so that the mouth, pharynx and trachea are aligned, giving direct visualization of the vocal cords
- During intubation:
  - Monitor the patient continuously for oxygen saturation, respiratory rate, heart rate, blood pressure and EKG (if available)
  - Manually ventilate patient with 100% oxygen
  - Place laryngoscope in left hand
  - Insert blade into right side of mouth and advance while moving blade midline
  - Properly lift laryngoscope at 45 degrees with straight wrist, without touching teeth
  - Visualize the vocal cords, and with right hand, advance the ETT through the cords until

Approved by: See signed Authority & Approval form  
month / year Committee Name

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the cuff disappears.

-Carefully remove the laryngoscope

-Remove the stylet and inflate the cuff

-Manually ventilate patient

-Listen to breath sounds to verify tube placement

-Use ETCO<sub>2</sub> detector to verify tube placement

-Entire intubation process should take 20 seconds or less

-Once tube placement is verified, secure with tube tamer or tape.

- **Post intubation:**

- Monitor the patient continuously for oxygen saturation, respiratory rate, heart rate, blood pressure and EKG (if available)

- Suction the patient, if needed

- Attach patient to the ventilator with ventilator setting from physician

- Physician will order a chest x-ray to confirm placement of ETT