

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8805.12
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	Intubation: Stomal	Last Approval Date:	11/01/16
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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. ~~5.0-5.5 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.
- B. **Select the largest endotracheal tube (ETT) that will fit through the stoma without force; check the cuff and remove stylet.**
 - 1. ~~Chose the tube size. NOTE: You may need to use a smaller size tube (6mm or 7mm) if the stoma is constricted.~~
- C. Connect and check suction **and suction if necessary.**
- D. Position patient.
- E. Insert the tube through the stoma.
- F. 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.

- G. Hold the tube in place and attach the BVM.
- H. Ventilate and watch for chest rise. Listen for breath sounds over stomach (should not be heard) and bilateral lung sounds.
- I. Note proper tube placement and secure the tube.
- J. If patient is being ventilated; continuous waveform capnography shall be utilized during transport.
- K. Re-evaluate the position of the tube after each move of the patient and document.

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