THE STUDY VAULT

Clinical Chaos

Endotracheal Intubation

SKILL SNAPSHOT

Purpose
- Places a cuffed tube in the trachea to secure the airway and permit oxygenation, ventilation, suctioning, and airway protection.

When to use
- Failure to oxygenate/ventilate, inability to protect airway, anticipated deterioration, severe work of breathing, or procedural need.

Supplies needed
- Airway cart; laryngoscope/video scope; ETT/stylet; suction; BVM/oxygen; capnography; monitor; medications; backup airway/cricothyrotomy equipment.

PREP + PATIENT SETUP

- Activate trained airway team; assess anatomy, physiologic risk, difficult-airway plan, allergies, weight, and hemodynamics.
- Assign roles and verbalize Plan A/B/C, tube size/depth, medications, and failed-airway criteria.

VAULT TIP

- Intubation is not complete at tube passage—it ends after confirmation, securement, ventilation, and sedation.

STEP-BY-STEP

1. Hand hygiene/PPE; identify patient when possible. Place suction, BVM, rescue airway, and capnography within reach.
2. Position head/torso according to condition; use manual in-line stabilization for suspected cervical injury.
3. Preoxygenate with the best tolerated method. Continue apneic oxygenation when protocol uses it.
4. Perform medication and equipment double-check. Give induction and neuromuscular blockade per RSI order/protocol.
5. Open mouth, insert laryngoscope, identify epiglottis and vocal cords while avoiding dental trauma.
6. Pass ETT through cords until cuff is appropriately below them. Remove stylet without dislodging tube.
7. Inflate cuff with minimum volume needed for seal and connect BVM/ventilator.
8. Confirm placement immediately with continuous waveform capnography plus bilateral chest rise/sounds, absence of gastric sounds, depth, and oxygen response.
9. If waveform CO_2 is absent or placement is uncertain, remove tube and ventilate—do not repeatedly ventilate a suspected esophageal tube.
10. Secure tube at documented teeth/lip depth. Obtain cuff pressure with manometer and maintain prescribed range.
11. Initiate ordered ventilation; reassess SpO_2, $ETCO_2$, breath sounds, pressures, hemodynamics, and tube depth after every movement.
12. Provide post-intubation analgesia/sedation immediately, obtain confirmatory imaging as ordered, and implement oral care/VAP prevention.

SAFETY REMINDERS

- Waveform capnography is the primary immediate confirmation method.
- Limit attempts and reoxygenate between attempts.
- Have a failed-airway and surgical-airway plan.
- Paralysis without prompt sedation is unacceptable.

COMMON MISTAKES

- No backup plan.
- Continuing despite absent $ETCO_2$.
- Failure to secure/check depth.
- Delayed post-intubation sedation.

DOCUMENTATION

- Indication and airway assessment.
- Medications, attempts, device, ETT size/depth.
- Confirmation methods and $ETCO_2$.
- Cuff pressure, settings, response.
- Complications and post-intubation care.