

PEDIATRIC ORAL INTUBATION PROCEDURE

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Severe ventilatory compromise where the airway cannot be adequately maintained by Bag Valve Mask (BVM) ventilation (BVM is the preferred airway for pediatric patients)
- Tracheal suctioning for meconium staining

CONTRAINDICATION

- Epiglottitis

EQUIPMENT

- Use length based color-coded resuscitation tape whenever possible
- Battery powered laryngoscope handle, extra batteries and bulbs
- Laryngoscope blades: curved size 1-3, straight size 0-3
- Pediatric McGill forceps
- Cuffed and uncuffed endotracheal tubes
- Lubricating jelly
- Disposable pediatric stylets
- Suction
- Pulse oximetry
- Pediatric End Tidal CO2 detector
- Esophageal Detector Device (EDD)
- Capnometer or capnograph when available

PROCEDURE

- Open airway and ventilate with BVM for 1-3 minutes with 100% O2. Avoid hyperventilation in cardiac arrest.
- Select proper ETT
- Insert stylet
- Select proper sized blade and visualize the larynx
- Suction as needed
- Apply cricoid pressure to prevent regurgitation
- Under direct visualization insert ETT 2-3 cm past the cords. Each attempt should not exceed 30 seconds, hyperventilating between attempts.
- Remove stylet and bag ventilate
- Confirm placement with the following methods:
 - Bilateral chest and epigastric auscultation
 - EDD
 - Capnography, or capnometer if not available
 - Direct visualization of tube passing through vocal cords
- Secure the tube. Consider spinal immobilization to prevent extubation. Do NOT use C-collar.
- Reassess tube placement after each patient movement. If any doubt about placement, confirm by capnography or direct visualization.

SPECIAL CONSIDERATION

- Defibrillation should precede intubation in cardiac arrest situations
- Limit intubation attempts:
 - Cardiac arrest – one attempt with ETT; if unsuccessful, BVM
 - Respiratory arrest – two attempts with ETT; if unsuccessful, BVM
 - Head Trauma – one attempt with ETT; if unsuccessful, BVM

RELATED POLICIES/ PROCEDURES

- Neonatal Resuscitation P 2