



REGION 11 CHICAGO EMS SYSTEM SKILLS	Title: Endotracheal Intubation
	Section: Airway/Ventilatory Management
	Approved: EMS Medical Directors Consortium
	Skill Level: ALS

Name:	Date:
Resource Hospital:	Training Site:
Evaluator:	Signature:

Actual Time Started:	Points Possible	Points Awarded
Selects, checks, and assembles equipment		
Bag-valve mask with correct size for adult or pediatric patient	1	
Airway adjuncts (OPA) – sizes 00, 0, 1, 2, 3, 4, 5	1	
Airway adjuncts (NPA) – sizes 12F-34F	1	
Rigid suction catheter	1	
Suction tubing, canister, device or portable unit	1	
Oxygen tank with regulator and adapter	1	
Magill forceps (adult or pediatric)	1	
Laryngoscope handle	1	
Laryngoscope blades: Miller (straight blade size 1, 2, 3) or Mac (curved blade size 2, 3, 4)	1	
Endotracheal tube cuffed (sizes 3.0-8.0 mm)	1	
Adult or pediatric stylet	1	
10 ml syringe	1	
Stethoscope	1	
End-Tidal CO2 line adapter	1	
Cardiac monitor with leads	1	
Pulse oximeter	1	
Airway tube holder	1	
Region 11 EMS Pediatric Resuscitation Card and Broselow tape (as needed)	1	
States Indications for Procedure		
Patients with respiratory failure where less invasive methods (BVM, SGA) are ineffective or where endotracheal intubation may be preferred such as severe inhalation burns or airway obstruction	1	
States Contraindications for Procedure		
None	1	
Performs Procedure		
Applies personal protective equipment: gloves, facemask, eye protection	1	
Attaches cardiac monitor and pulse oximeter and evaluates reading	1	
Manually opens airway with head tilt-chin lift or jaw thrust if concern for spinal injury	1	
Prepares rigid suction catheter and connects to tubing, canister and suction device	1	
Turns on power to suction device or retrieves manual suction device	1	
Inserts rigid suction catheter without applying suction	1	
Suctions the mouth and oropharynx	1	
Selects airway adjunct – either OPA or NPA	1	
Inserts oropharyngeal airway (OPA)	4	



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<ul style="list-style-type: none"> • Checks for contraindications including gag reflex • Measures size from the corner of the mouth to the tip of the earlobe • Opens mouth and inserts airway along curvature of tongue to posterior oropharynx • Advances gently until flange is against lips 		
Inserts nasopharyngeal airway (NPA) <ul style="list-style-type: none"> • Checks for contraindications including midface trauma • Measures size from the tip of the nose to the earlobe • Lubricates airway with water based jelly • Gently insert tube into largest unobstructed nostril with bevel to septum • Advances gently until flange is against nostril • If resistance is met, withdraws airway and attempts on the other side 	6	
Applies an appropriately sized bag-valve mask that completely covers the nose and mouth and maintain an effective seal around the cheeks and chin	1	
Attaches supplemental oxygen at 15 liters per minute flow rate to the bag-valve mask device	1	
Provides ventilation using a two-hand technique when possible using the two-thumbs down position and lifting the chin to the mask	1	
Ventilates patient with sufficient volume to make the chest rise: <ul style="list-style-type: none"> • Adults with pulse: 1 breath every 6 seconds or 10 breaths per minute • Adults with CPR: 1 breath every 6 seconds or 10 breaths per minute • Infants/children with pulse: 1 breath every 2-3 seconds or 20-30 breaths per minute • Infants/children with CPR: Compression to ventilation ratio of 15:2 	4	
Preoxygenates patient	1	
Assembles all appropriately sized equipment and tests for function including laryngoscope blade light source and endotracheal tube cuff with syringe	1	
Inserts stylet into tube and ensure the end of the stylet is not advanced past the tip of the endotracheal tube	1	
Positions head properly and maintain spinal motion restriction for trauma patients	1	
Inserts laryngoscope blade and displaces tongue. The Mac blade is designed to lift the epiglottis indirectly and provide a view of the larynx by placing the tip of the blade in the vallecula. The Miller blade is designed to lift the epiglottis directly to view the larynx.	1	
Elevates mandible with laryngoscope	1	
Visualizes vocal cords	1	
Inserts endotracheal tube and advances until cuff passes through the cords with the approximate depth of insertion = (3) x (endotracheal tube size)	1	
Removes stylet	1	
Inflates cuff with minimum air to seal airway and removes syringe	1	
Connects End-Tidal CO2 line adapter to endotracheal tube and cardiac monitor	1	



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Ventilates patient and confirms proper tube placement using auscultation bilaterally over the lungs and over epigastrium	1	
Verifies proper tube placement with waveform capnography	1	
Assesses for hypoxia during intubation attempt	1	
If the capnography indicates improper endotracheal tube placement with a flat line or no waveform, immediately removes the endotracheal tube and ventilates with a bag-valve-mask	1	
If the capnography indicates proper endotracheal tube placement with a continuous waveform, secures the endotracheal tube with airway tube holder	1	
If lung sounds are auscultated with decreased sounds on one side, the endotracheal tube may be positioned too deep and can be pulled back 1-2 cm with the cuff deflated. Cuff should be re-inflated after repositioning	1	
Ventilates patient at proper rate and volume while observing capnography and pulse oximeter, adjusts rate for a goal ETCO2 of 35-45 mmHg	1	
Continually reassesses patient condition, pulse oximeter, and waveform capnography	1	

Actual Time Ended: _____

Total / 64

Critical Criteria:

- Failure to take or verbalize personal protective equipment
- Failure to ventilate with the correct rate or interruption (> 30 seconds) in ventilation
- Failure to manage the patient as a minimally competent Paramedic
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- Failure to achieve a score of 48 or greater

Successful **Unsuccessful**