



<p style="text-align: center;"><b>Performance standard</b></p> <p>0 Step omitted (or leave blank)  1 Not yet competent: Unsuccessful; required critical or excess prompting; marginal or inconsistent technique  2 Successful; competent with correct timing, sequence &amp; technique , no prompting necessary</p>	<p style="text-align: center;"><b>Attempt 1 rating</b></p>	<p style="text-align: center;"><b>Attempt 2 rating</b></p>
<p><b>Premedicate if applicable</b></p> <p><input type="checkbox"/> *Benzocaine spray to posterior pharynx 1-2 sec spray, 30 sec apart X 2 (if + gag)  <input type="checkbox"/> Fentanyl per SOP for pain</p>		
<p><b>Sedate:</b></p> <p><input type="checkbox"/> *Etomidate 0.5 mg/kg IVP (max 40 mg) OR  <input type="checkbox"/> *Ketamine (asthma or child) 2 mg/kg slow IVP (over one min) or 4 mg/kg IM  Allow for clinical response before intubating (if possible)</p>		
<p><b>Pass tube: *</b> (Allow no more than 30 sec of apnea)</p>		
<p><input type="checkbox"/> Have assistant apply external laryngeal pressure, lip retraction;  <input type="checkbox"/> Monitor ECG HR &amp; rhythm, SpO<sub>2</sub>, skin color q. 5 min during procedure and time elapsed</p>		
<p><input type="checkbox"/> Withdraw tube from pkg through lubricant; hold in dominant hand; do not contaminate ETT  <input type="checkbox"/> *Place head in sniffing position: pad occiput to bring earlobe horizontal with xiphoid  <input type="checkbox"/> Assistant or examiner withdraws OPA/NPA remains – <b>START TIMING tube placement</b> _____  <input type="checkbox"/> Open mouth w/ cross finger technique  <input type="checkbox"/> *Insert curved blade from R, sweep tongue to the L &amp; seat distal blade tip in vallecula  <input type="checkbox"/> *Insert straight blade down midline of tongue under epiglottis  <input type="checkbox"/> <b>Every blade insertion is 1 attempt (max 2 attempts/pt)</b></p>		
<p><b>Bougie assisted procedure</b></p> <p><input type="checkbox"/> Remove Bougie from package; note markings and orientation of upturned coude tip  <input type="checkbox"/> If needed, straighten bougie and curve distal end (~1" from tip) at 35-40° angle  <input type="checkbox"/> Grip Bougie like pencil with curved tip facing upward in dominant hand (laryngoscope in non-dominant hand). Caution: Minor rotation of bougie can change orientation and location of tip, prevent placement and confirming clicking sensation</p> <p><b>Visualization &amp; insertion</b></p> <p><input type="checkbox"/> Insert gently in midline under epiglottis and/or above posterior cartilage; avoid forceful insertion – can cause tracheal trauma/perforation  <input type="checkbox"/> If epiglottis: insert bougie directed midline under epiglottis</p> <p><b>Confirmation of bougie placement into trachea</b></p> <p><input type="checkbox"/> Advance until resistance (hold up) is felt (25-40 cm at teeth) due to distal airway narrowing  <input type="checkbox"/> Clicking/vibration sensation felt (60-95% of cases) when bougie tip rubs against anterior tracheal rings (tip must be oriented anteriorly)  <input type="checkbox"/> If inserted into esophagus, no clicking/vibration is felt and tip easily advances well beyond 40 cm</p> <p><b>Insertion of ET tube</b></p> <p><input type="checkbox"/> Intubator maintains view with laryngoscope in place and firm hold onto bougie; maintain bougie at 25 cm at teeth. Keep laryngoscope in place to allow ETT to pass under tongue.  <input type="checkbox"/> Assistant places ETT with lubricated tip over top of bougie and advances ETT until it reaches intubator's fingers  <input type="checkbox"/> As ETT reaches intubator's fingers, assistant takes over hold onto bougie while intubator continues to advance the ETT toward glottic opening  <input type="checkbox"/> Counterclockwise rotation of ETT facilitates insertion through vocal cords into trachea</p>		
<p>* If &gt; 30 sec: of apnea; remove laryngoscope, reoxygenate X 30 sec. If NOT using bougie and pt remains good candidate for ETI, change position, blade, or PM. May go straight to King LT if unable to visualize anything.</p>		
<p>* Once ETT is inserted to proper depth (3X tube ID at teeth), firmly hold ETT in place and carefully remove blade from mouth and stylet (bougie) from ETT</p>		
<p><b>* Confirm tracheal placement:</b></p> <p><input type="checkbox"/> Ensure adequate ventilations &amp; oxygenation: 15 L O<sub>2</sub> assist ventilations as needed at 10 BPM unless asthma/COPD (6-8 BPM)–observe chest rise; Auscultate over epigastrium, both midaxillary lines and anterior chest X 2.  <input type="checkbox"/> <b>Definitive confirmation: monitor ETCO<sub>2</sub> number &amp; waveform.</b> Continue to monitor continuously.  <input type="checkbox"/> <b>Time of tube confirmation:</b> _____</p>		
<p>*If breath sounds present bilaterally, <b>inflate cuff</b> w/ up to 10 mL air to proper pressure &amp; remove syringe</p>		
<p><b>Troubleshooting</b></p> <p><input type="checkbox"/> *If breath sounds only on right, withdraw ETT slightly and listen again.  <input type="checkbox"/> *If incorrectly placed: remove ETT, reoxygenate 30 sec; repeat from insertion of blade  <input type="checkbox"/> *If ETT cannot be placed successfully after 2 attempts or nothing can be visualized; attempt extraglottic airway.</p>		
<p>* Insert OPA; align ETT with side of mouth; secure ETT with commercial tube holder; immobilize head</p>		

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<b>If secretions in tube or gurgling sounds with exhalation: suction prn</b> <input type="checkbox"/> Select a flexible suction catheter <input type="checkbox"/> Preoxygenate patient <input type="checkbox"/> Mark maximum insertion length with thumb and forefinger <input type="checkbox"/> Insert catheter into the ET tube leaving catheter port open <input type="checkbox"/> At proper insertion depth , cover catheter port and applies suction while withdrawing catheter <input type="checkbox"/> Ventilate/direct ventilation of patient (NO SALINE FLUSH)		
* <b>Reassess:</b> Freq monitor capnography, tube depth, VS, SpO <sub>2</sub> , & lung sounds enroute to detect displacement, complications (esp. after pt movement), or condition change		
If pt begins to fight the ETT, give <b>midazolam</b> in 2 mg increments IVP as needed up to total of 20 mg for post-intubation sedation		
<b>State complications of the procedure:</b> <input type="checkbox"/> Post-intubation <b>hyperventilation:</b> Use watch, clock, timing device <input type="checkbox"/> <b>Barotrauma:</b> pneumothorax & tension pneumothorax; esophageal perforation <input type="checkbox"/> Trauma to teeth or soft tissues <input type="checkbox"/> Undetected esophageal intubation <input type="checkbox"/> Mainstem intubation <input type="checkbox"/> Hypoxia, dysrhythmia <input type="checkbox"/> <b>Over sedation</b>		
<b>Critical Criteria: Check if occurred during an attempt (automatic fail)</b> <input type="checkbox"/> Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time <input type="checkbox"/> Failure to take or verbalize body substance isolation precautions <input type="checkbox"/> Failure to voice and ultimately provide high oxygen concentrations [at least 85%] <input type="checkbox"/> Failure to ventilate patient at appropriate rate <input type="checkbox"/> Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible] <input type="checkbox"/> Failure to pre-oxygenate patient prior to intubation and suctioning <input type="checkbox"/> Failure to successfully intubate within 2 attempts without immediately providing alternate airway <input type="checkbox"/> Failure to disconnect syringe <b>immediately</b> after inflating cuff of ET tube <input type="checkbox"/> Uses teeth as a fulcrum <input type="checkbox"/> Failure to assure proper tube placement by capnography and auscultation of chest bilaterally <b>and</b> over the epigastrium <input type="checkbox"/> Inserts any adjunct in a manner dangerous to the patient <input type="checkbox"/> Suctions patient excessively or does not suction the patient when needed <input type="checkbox"/> Failure to manage the patient as a competent paramedic <input type="checkbox"/> Exhibits unacceptable affect with patient or other personnel <input type="checkbox"/> Uses or orders a dangerous or inappropriate intervention		

**Scoring:** All steps must be independently performed in sequence with appropriate timing and all starred (\*) items must be explained/performed correctly in order to demonstrate competency. Any errors or omissions of these items will require additional practice and a repeat assessment of skill proficiency.

**Recommendation:**  Competent: Satisfactory performance without critical error; minimal coaching needed  
 Unsatisfactory: Did not perform in correct sequence, timing, and/or without critical error; recommend additional practice/repeat skill assessment.

Comments: \_\_\_\_\_