**Airway Endotracheal Introducer (Bougie)**

**Clinical Indications**

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| * Patient meets clinical indications for oral endotracheal intubation * Initial intubation attempts are unsuccessful * Predicted difficult intubation |

**PROCEDURE GUIDELINES**

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| **R- EMR** | **E – EMT** | **A-AEMT** | **P-PARAMEDIC** | **\*\*M-Medical Control \*\*** |

**\*\*\*Higher level providers are responsible for lower level treatments\*\*\***

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| * Prepare, position and oxygenate the patient with 100% oxygen. * Select proper ET tube without stylet, test cuff and prepare suction. * Lubricate the distal end and cuff of the endotracheal tube (ETT) and the distal ½ of the endotracheal tube introducer (Bougie). Failure to lubricate the Bougie and the ETT may result in being unable to pass the ETT. * Using laryngoscopy techniques, visualize the vocal cords if possible using Sellick’s BURP as needed. * Introduce the Bougie with curved tip anteriorly and visualize the tip passing the vocal cords or above the arytenoids if the cords cannot be visualized. * Once inserted, gently advance the Bougie until you meet resistance or “hold-up”. If you do not meet resistance, you have a probable esophageal intubation and insertion should be reattempted or the failed airway procedure implemented as indicated. * Withdraw the Bougie ONLY to a depth sufficient to allow loading of the ETT while maintaining proximal control of the Bougie. * Gently advance the Bougie and loaded ETT until you have “hold-up” again, thereby assuring tracheal placement and minimizing the risk of accidental displacement of the Bougie. * While maintaining a firm grasp on the proximal Bougie, introduce the ET tube over the Bougie passing the tube to its appropriate depth. * If you are unable to advance the ETT into the trachea and the Bougie and ETT are adequately lubricated, withdraw the ETT slightly and rotate the ETT 900 COUNTER clockwise to turn the bevel of the ETT posteriorly. If this technique fails to facilitate passing of the ETT, you may attempt direct laryngoscopy while advancing the ETT (this will require an assistant to maintain the position of the Bougie and, if desired, advance the ETT). * Once the ETT is correctly placed, hold the ET tube securely and remove the Bougie. * Confirm the tracheal placement according to guidelines (9005), inflate the cuff with 3-10 cc of air, auscultate for breath sounds and reposition accordingly. * When final position is determined, secure the ET tube, reassess breath sounds, apply end-tidal CO2 monitor, and record and monitor readings to assure continued tracheal intubation. * Document the procedure, time and results on the patient care report (PCR). | P |

**Use of a Bougie endotracheal introducer is contraindicated after three attempts at oral tracheal intubation, age less than 8 years-old, or ETT size less than 6.0 mm.**

**QA Parameters: 100% of intubations requiring the use of a Bougie endotracheal introducer.**