

**COMBITUBE INSERTION
EMMCO WEST ALS GUIDELINE**

Criteria:

- A.** The Combitube is only indicated in unresponsive patients without a gag reflex. Indications include:
1. Unsuccessful attempts at endotracheal intubation. The number of attempts at endotracheal intubation will be at the discretion of the paramedic based on the ability to visualize the vocal cords, but will not exceed three attempts per patient before attempting to place the Combitube.
 2. Limited access to patient's head prohibiting endotracheal intubation.
 3. Potential cervical spine injury and inability to perform adequate direct visualization with neck in neutral position

Exclusion Criteria:

- A.** The Combitube should not be used on patients with the following conditions:
1. Conscious or unconscious with a gag reflex.
 2. Known esophageal disease (for example, esophageal varices, cancer or stricture).
 3. Caustic oral ingestion.
 4. Patient less than 4 feet tall

Procedure:**A. All patients:**

1. Administer high flow oxygen and ventilate.
2. Select the correct size Combitube for the patient:
 - a. The standard Combitube should be used for patients over 5'6" in height.
 - b. The Combitube SA should be used for patients between 4" and 5' 6".
3. Check ETC balloons for leaks.
4. Lift the patient's jaw and tongue with the non-dominant hand. Discontinue any cricoid pressure.
5. Hold the ETC in the dominant hand and insert gently following the natural curve of the pharynx. Insert until the teeth or the alveolar ridge is between the two black lines.
6. Inflate the blue (# 1) pilot balloon leading to the pharyngeal balloon to the recommended amount by the manufacturer with air using the provided syringe.
7. Inflate the white (# 2) pilot balloon leading to the distal cuff to the recommended amount by the manufacturer with air using the small syringe.
8. Give initial ventilation through the blue (# 1) lumen while simultaneously confirming absence of gastric sounds. Then listen to confirm good bilateral breath sounds. Continue ventilating if gastric sounds are absent and breath sounds are good.
9. If gastric ventilation sounds are present or breath sounds are absent, ventilate through the short, clear (# 2) lumen while simultaneously confirming absence of gastric sounds. Then listen to confirm good bilateral breath sounds. Continue ventilating if gastric sounds are absent and breath sounds are good.
10. Confirm tube placement and ventilation using the Confirmation of Airway Placement Protocol – See protocol # 2032