

**ENDOTRACHEAL TUBE MEDICATION ADMINISTRATION  
EMMCO WEST ALS GUIDELINE**

**Criteria:** The use of this technique is being dramatically downplayed by the AHA. This is not a very effective way of administering meds, but many paramedics have been taught to use this routinely for the initial meds during cardiac arrest. I would recommend deleting this as a protocol since it appears to validate the procedure, and we are considering leaving most procedures out of the protocols. Otherwise, consider as a guideline only.

- A.** Any intubated patient, without IV access, for which the following medications are indicated:
  - 1. Xylocaine (Lidocaine)
  - 2. Epinephrine
  - 3. Atropine
  - 4. Naloxone (Narcan)
- B.** Intravenous administration is preferred over endotracheal administration in all instances. Endotracheal medication administration should only be used when previous attempts at IV access have been unsuccessful.

**Exclusion Criteria:**

- A.** Patient with patent IV Access
- B.** Medication to be administered is not one of the four listed above.

**Procedure:**

- A.** Ascertain that the patient is properly intubated and is being well ventilated.
- B.** Determine the proper medication and amount to administer. Medications delivered by the endotracheal route should be doubled in dosage, and consider following dose by a 5ml saline flush.
- C.** Disconnect the bag-valve-mask from the distal end of the endotracheal tube and deliver the medication into the tube lumen. Alternately, some bag-valve-mask devices have a medication port that allows the medication to be delivered without interrupting ventilations or the medication can be injected through the wall of the tube.
- D.** Replace the BVM on the tube, and rapidly ventilate the patient several times to clear the medication from the tube.