

## Intubation

**Purpose:** To provide guidelines for the ICU staff's role in the intubation of ICU patients.

**Definition of terms:**

Intubation: The process of placing a tube in a patient's trachea to maintain the airway via mouth or nose.

**Policy:**

1. Intubation shall be preformed by MD or CRNA.
2. The physician shall be responsible for the determination of need for intubation.
3. All routine intubations will be done orally unless contraindicated.
4. The patient will have if needed sedatives and paralytics prior to intubation as ordered by the physician.
5. The type and size of endotracheal tube is at the discretion of the intubating physician.
6. The patient will be bagged with 100% FIO<sub>2</sub> throughout the procedure then placed on appropriate ventilator settings.
7. A CXR will be preformed post intubation.

**Responsible Parties:**

MD/CRNA.

1. Assess the need for intubation.
2. Order type and size of endotracheal tube.
3. Obtain informed consent. If emergent situation, the physician deems emergent in documentation.
4. Order appropriate medication for intubation induction.
5. Administer Rapid Sequence Intubation (RSI) medication.
6. Intubate patient.
7. Assess breath sounds and CO<sub>2</sub> detector post intubation to assure proper placement.
8. Document complete procedure.
9. Discuss with family patient situation and plan of care.

RN

1. Prepare supplies needed.
2. Call Anesthesia or appropriate service on call for back up. If primary patient staff physician or fellow at bedside they may decide to not call anesthesia.
3. RN's with previous competency present may administer RSI medication
4. Assist RT where needed.
5. Monitor HR, B/P, and O<sub>2</sub> Sat.
6. Inform physician of Vital signs outside normal limits.
7. Document complete procedure.

8. Discuss with family patient situation and plan of care.

#### RT

1. Bag/mask bags patient with 100% FIO<sub>2</sub> throughout procedure
2. Tape Endotracheal tube once in place.
3. Place patient on appropriately ordered ventilator settings.

#### RN/Ward Clerk

1. Assure radiology awareness of order.

#### RN/Nurses Assistant

1. Clean area after procedure.

#### Equipment/Supplies:

1. Laryngoscope Handle and blade
2. Bag/Mask
3. 100% FIO<sub>2</sub>
4. Tape
5. Endotracheal tubes
6. CO<sub>2</sub> Detector
7. Stethoscope
8. Gloves
9. Goggles (if needed)
10. Induction drugs as ordered by MD
11. Ventilator

#### Emergency supplies

1. Cricothyrotomy kit
2. Laryngeal Mask Airway (LMA)
3. Oral airways

#### **Procedure:**

##### MD/CRNA

1. Obtain informed consent from patient or family or deems the intubation an emergency
2. Assure presence of all needed supplies
3. Assist with hyperoxygenating the patient
4. Administer needed medication
5. Intubate the patient
6. Assure proper detection on CO<sub>2</sub> detector, listens for breath sounds.
7. Stabilize ET tube until RT can tape the tube in place
8. Order a CXR
9. Document the procedure
10. Assess post intubation CXR and verifies placement

##### RN

1. Prepare supplies for the MD.
2. Assure notification of Staff, fellow, and appropriate back up has occurred.
3. Monitor and document vital signs throughout procedure.
4. Inform physician of out of range vital signs.
5. Document procedure in nurse's notes.
6. Assure CXR order.

References:

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