Intubation: Stomal

EMS Medical Director:
Signature on File
EMS Administrator:
Signature on File

DRAFT

When using a manufactured stomal intubation kit, follow the manufacturer's recommended insertion procedure → For Endotracheal Tube use

P	Select the largest ETT that will fit through the stoma without force Check the cuff and remove the stylet
P	Pre-oxygenate the patient with 100% O2 using a BVM
P	Lubricate the ETT
P	Suction if necessary
P	Pass the ETT and inflate the cuff. The pharynx has been bypassed, so the ETT will protrude from the neck by several inches.
P	Hold the tube in place and attach the BVM.
P	While ventilating the patient, watch for equal rise and fall of the chest.
P	Secure the tube and ventilate with 100% O2.
P	Auscultate for bilaterally equal breath sounds. Examine the neck for subcutaneous emphysema.
P	Do not take longer than 30 seconds to perform this procedure.
P	Secure tube and note proper tube placement ETCO2, ETT size, time, result (success), and placement location by the centimeter mark at the stoma.
P	End-Tidal CO2 monitoring shall be used.
P	Re-evaluate the position of the tube after each move of the patient and document findings on ePCR.

E	EMT
A	A-EMT
P	PARAMEDIC

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Notes:

- Indications in patients with pre-existing tracheostomy:
  - A. Respiratory Arrest.
  - B. Hypoventilation.
  - C. Loss of gag reflex.
  - D. Cardiac Arrest
- The ET tube does not need to be cut or modified in any way. Doing so may damage the tube and result in a cuff leak.
- If feasible, pull over to perform stomal intubation.
- This policy applies to adult and pediatric patients with an existing tracheostomy stoma in need of a secure airway.

Cross Reference:

PD# 8020 – Respiratory Distress: Airway Management
PD# 8031 – Non-Traumatic Cardiac Arrest
PD# 8837 – Pediatric Airway Management

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