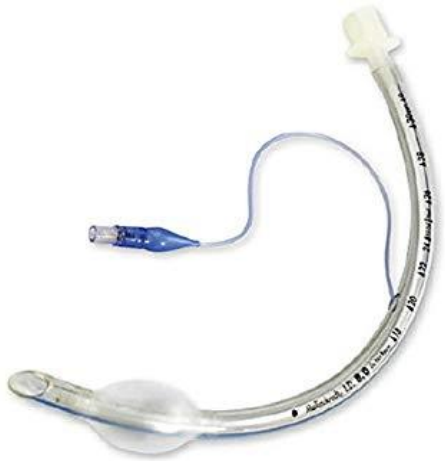
TRACHEAL INTUBATION



Required Materials

- Laryngoscope
- Blade
- A bag valve mask of the appropriate size
- 10 cm injector for inflating the cuff
- Water soluble lubricant,
- Aspiration devices,
- Suitable sizes for the oral and nasal airway
- Confirmatory equipment (stethoscope, capnometer)
- Gloves, fixing equipment (such as bandages, etc.)
- Guide/Stile: By passing a formable guide through the ET, the desired shape can be given to the tube, thus allowing proper placement of the ET.

APPLICATION

- The patient should be examined inside the mouth and evaluated in terms of the presence of a foreign object.
- Airway openness should be provided with a suitable airway.
- Before the intubation operation, the Ambu-valve-mask is attached to the patient's mouth and nose, and the patient should be given 100% oxygenation for 3-5 minutes after the appropriate position is given by lifting the chin (preoxygenation).
- The patient's head is taken to the extension. The patient is brought to the ‘’sniffing position’’. Movement of the neck should be avoided in patients with cervical trauma.
- The laryngoscope is taken to the left and the blade is placed on the right side of the mouth without traumatized the lips and teeth and the tongue is pushed to the left.

- Epiglot should be displayed during intubation. After the epiglottis is seen, it should be proceeding towards epiglot and provide clearance. The blade is placed between the epiglottis and the tongue root (vallekula), and the epiglottis is lifted upwards. At the same time, the oesophagus is closed by another person by pressing on the cricoid (Sellick Maneuver) and active regurgitation is prevented.
- Once the vocal cords that are clearly intended to be seen are seen, a tube with the appropriate size to the patient is taken to the right hand, is held slightly above the middle of the tube (in adult males generally 8.0-8.5, in adult females 7.0-7.5 no tubes are preferred), without carefully shifting the tube, it is necessary to move the tube calmly without causing trauma to any tissue.
- In general, the transmission rate of the tube; 21 cm in females, 23 cm in males and [age/4]+4 in a child.
- The duration of intubation operation should be maximum 30 sec. If the process lasts longer than 30 seconds, the process is terminated, the airway is placed, and the balloon-valve mask is 100% oxygenated.
- After removal of the laryngoscope, check the placement of the tube. For this;

- With the auscultation of both lungs, check the suitability of the level of the tube.

- Respiratory sounds are equally heard in all lung regions.

- Movement in both lungs is observed equally.

- Respiratory sounds should not be heard in the epigastric region.

- There should be no air leakage around the ET during breathing with BVM

- Patient's consciousness or skin color recovery is expected.

-SPO2 is evaluated with Pulse Oximeter.

-The capnometer is placed between the endotracheal tube and the respiratory supply equipment (bag-valve mask / ventilator). The normal ETCO2 value is 30-45 mmHg. Values between 25 and 30 mmHg should suggest hyperventilation, and ETCO2 above 45 mmHg should suggest hypoventilation. In oesophageal intubation, 0 value will be seen in the capnometer as a result of ventilation several times.

- If the tube is in the correct place, inflate the cuff with 5-10 cc air and place the oral-airway near the ET tube, and the tube and airway should be properly fixed to prevent the tube from coming off.