ENDOTRACHEAL TUBE INTRODUCER (ETTI) PROCEDURE

1. Indication
   1.1. Airway structure or condition which prevents adequate visualization by standard tools of endotracheal intubation
   1.2. Any second attempt at airway

2. Contraindication
   2.1. Endotracheal tubes smaller than 6.0

3. Equipment
   3.1. Intubation supplies
   3.2. ETT Introducer

4. Procedure
   4.1. Perform direct laryngoscopy and obtain the best laryngeal view
   4.2. Hold the ETTI in your right hand with the angled tip pointing upward, gently advance the ETTI under the epiglottis in to the glottic opening (cords).
   4.3. If unable to view the glottic opening, direct the ETTI to the area where the cords should lie and feel for the washboard sensation as the tip of the ETTI ratchets on the tracheal rings.
   4.4. Gently advance the ETTI until resistance is encountered at the carina. Because the ETTI can potentially cause pharyngeal/tracheal damage, NEVER FORCE IT. If no resistance is encountered and the entire length of the ETTI is inserted, the device is in the esophagus.
   4.5. The ETTI is correctly placed when you see the device going through the cords, when the ratcheting of the tip on the trachea, and/or when resistance is met while advancing the device (ETTI is at the carina).
4.6. Once positioned, withdraw the ETTI until the 37 cm black line mark is aligned with the lip and advance an endotracheal tube over the ETTI and into the trachea. This indicates that the tip is well beyond the cords and the proximal end has enough length to slide the endotracheal tube over it.

4.7. If resistance is met trying to pass the endotracheal tube through the cords (tube most likely catching on arytenoids or aryepiglottic folds) withdraw the endotracheal tube slightly rotate 90 degrees counterclockwise and reattempt. If this is unsuccessful, attempt with a smaller tube.

4.8. Once the endotracheal tube is in position, while holding the tube, remove the ETTI through the endotracheal tube.

4.9. Always verify correct placement by bilateral auscultation of lateral breath sounds, absence of gastric sounds and waveform ETC02 capnography.

5. Related Policies and Procedures
5.1. Airway management procedure # 5