VIDEO LARYNGOSCOPY

APPROVED:  
EMS Medical Director  
EMS Administrator

1  Goal/Purpose  
1.1  Video Guided intubation will improve visualization of the airway in the prehospital setting and provide verification of the successful intubation  
1.2  Video Guided intubation allows continuous cardiac compressions during resuscitation

2  Indications  
2.1  With appropriate training, video intubation with VividTrac shall be used in place of traditional endotracheal intubation

3  Contraindications  
3.1  Endotracheal tubes smaller than 6.0mm or larger than 8.5mm

4  Pediatric Considerations  
4.1  Bag valve mask ventilation is the preferred method of airway management in pediatric patients (under the age of 8).  
4.2  Endotracheal intubation should be considered only if the paramedic is unable to:  
4.2.1  Maintain patient airway using bag-valve-mask ventilation  
4.2.2  Provide adequate oxygenation with BVM  
4.3  Video laryngoscopy should only be attempted when paramedics are unable to maintain effective bag-valve-mask ventilation and the patients airway is able to accept a 6.5 ET tube

5  Equipment  
5.1  Display Computer with VividVision software installed  
5.1.1  USB Extension or Adapter Cable

Issue Date:  Sept 1, 2012  
Reviewed Date:  April 27, 2015  
Next Review Date:  April 2018
5.1 Display Computer with VividVision software installed
   5.1.1 USB Extension or Adapter Cable
5.2 VividTrac Video Intubation Device
5.3 Oxygen Source
5.4 BLS Airway Equipment
5.5 Suctioning Equipment
5.6 Bag Valve Mask
5.7 Stethoscope
5.8 Endotracheal Tube
5.9 10cc Syringe
5.10 Capnography Equipment
5.11 Tube Securing Device
5.12 Bougie
5.13 Lubrication Jelly
5.14 Cotton tip applicator

6 Video Laryngoscopy Procedure

6.1 Prepare, position (sniffing position, unless trauma patient) and
   oxygenate the patient with appropriate BLS airway adjunct and bag
   valve mask device. Maintain in-line stabilization in trauma patients.
6.1.1 Continuous cardiac compressions are to be continued
   through the intubation attempt
6.2 Clear the patient's airway by applying suction as needed.
6.3 Power on display computer and connect USB extension or adapter
   cable. Open pouch of VividTrac device and remove just the USB
   cable and connect to the USB extension cable. Confirm video
   image is displayed
6.3.1 If damage is noted upon opening package, discard VividTrac
   and use a new one
6.4 Lubricate the first four (4) inches of an appropriately sized
   endotracheal tube (ETT), then load the ETT in the channel of the
   VividTrac device with a back and forth motion to lubricate the tube
   channel
6.5 Load the straight end of the bougie down into the ETT which was
   already loaded in the VividTrac as described in 6.4.
6.6 Gently hold the VividTrac just below the proximal end of the device,
   with index and middle finger tip on metal side, and the thumb on the
   plastic side
6.7 While looking at the patient's face, with your free hand slightly open
   the mouth and then place the blade tip of the VividTrac midline on
   the surface of the tongue. While keeping the body of the VividTrac
   parallel to the patient's neck, insert the VividTrac to a depth that
   the body of the VividTrac is touching the chin of the patient.
6.7.1 With the airway illuminated by the VividTrac device, look into
   the mouth and check for fluid in the airway, apply suction as
   needed.
6.8 Switch to view the live video image of the inside of the airway from the VividTrac on your display computer.
6.9 Check for fluid deeper in the airway and apply suction as needed.
6.10 Gently, with minimal force, insert the VividTrac deeper into the oral cavity;
   6.10.1 Using a rotational motion, keeping it midline over the center of the tongue and not letting the blade slip to either side of the tongue; advance into the patient's oropharynx all the while looking for key airway landmarks.
6.11 Once the epiglottis has been recognized, place the blade tip of the VividTrac in the center of the vallecula to view the vocal cords;
   6.11.1 Ensure the VividTrac is positioned straight and vertical with the VividTrac ETT channel at the center of the patient's mouth and aligned with the patient's nose.
   6.11.2 Make gentle alignment adjustments of the device to allow the airway to open up with vocal cords centered on the video image.
6.12 While allowing adequate distance from the vocal cords, gently advance the bougie toward and past the vocal cords into the trachea;
   6.12.1 If required, twist the ETT counter clockwise to direct the bougie to the left.
   6.12.2 If required, may switch to loading the coude tip of the bougie.
   6.12.3 If required, may advance the endotracheal tube to move the bougie anteriorly, or retract the ETT to move the bougie posteriorly.
6.13 Once the bougie is properly positioned in the trachea, advance the ETT down the bougie until the cuff on the ETT is visualized passing through the patient's vocal cords.
6.14 With the vocal cords and the intubated ETT under visualization, inflate the cuff on the ETT.
6.15 Confirm proper ETT placement as described in Airway Management Procedure 5.
6.16 Separate the ETT from tube channel at the proximal end of the VividTrac by pushing the ETT forward and to the right.
6.17 Firmly hold the ETT in place at the corner of the patient's mouth with one hand, while gently reversing the path of insertion and pulling the VividTrac out of the patient’s oral cavity with the other hand.
6.18 Secure the ETT with a tube securing device.
6.19 Document and reassess the procedure in the patient's PCR as described in Airway Management Procedure 5.

7 Complications/Special Information
7.1 Fluid in the airway
   7.1.1 Finger sweep to clear the airway.

Issue Date: Sept 1, 2012
Reviewed Date: April 27, 2015
Next Review Date: April 2018
7.1.2 Suction the airway to remove blood, vomitus, or secretions

7.2 Fogged/obstructed camera view
7.2.1 Anti-fog camera, so it is likely a foreign body or fluid over the lens
7.2.1.1 Remove the device from the airway, invert and tap the device, camera down to dislodge particle from view
7.2.1.2 Functioning camera can be instantly recognized as video will be clear if resolved
7.2.1.3 Cotton tip applicator (Q-tip) can be used to clean the lens if image still not clear
7.2.2 If above does not resolve the issue, use a different video device or direct laryngoscopy or King Airway or Bag-Valve Mask

7.3 Each intubation attempt is limited to 30 seconds
7.3.1 Once the limit is reached, the paramedic will remove the device, re-evaluate technique and patient position and the patient will be ventilated prior to the next attempt

7.4 If video guided intubation is unsuccessful after the allotted attempts a BLS airway should be established and maintained
7.4.1 The King Airway may be used if it is needed to protect the airway due to blood, stomach contents or other secretions

7.5 No video/malfunctioning equipment
7.5.1 If there is equipment failure revert to the standard intubation technique or use other appropriate airway adjuncts – King Airway or Bag-Valve Mask.
7.5.2 Notify your JPA or AMR supervisor

8 Documentation
8.1 Signs and symptoms along with clinical criteria before intubation
8.2 Document tube size, distance at the teeth, ETCO2, lung sounds, and save video/picture to ePCR
8.3 Patient’s response and outcome
8.4 Document confirmed tube placement after each move with a photo using the video intubation device
8.5 If video intubation was not performed, then documentation as to the reasons why alternate means was utilized should be completed in the video intubation survey
8.6 Complete the video intubation online survey
EMS LAB TRAINING WORKSHEET

FOR

VIVIDTRAC VIDEO LARYNGOSCOPE

Overview

This VividTrac EMS training class is designed that a majority of all training content is provided by the suite of training videos. That the instructor be more of a facilitator, and provide expert instructional assistance during the manikin lab session part of the class. The instructor will also be responsible to provide final confirmation that each attending trainee reached a level of proficiency that they can perform the procedure in the field. You will want to tailor the class content to match your official field procedure and protocol document so that the training supports and matches the procedure steps approved by your local medical director.

All trainees will be required to watch the full suite of training videos listed below on the use of the VividTrac. The trainee will then be required to perform a defined list of hands on lab exercises with an airway manikin. It is highly recommended that the trainee use the same display computer or tablet during the training that they will be using in the field. Q&A should be conducted throughout the training session to insure that the trainee knows the materials before moving onto the next step.

The lab work is to provide the user the opportunity to perform repeated manikin intubations with varied and challenging designed exercises to ensure the user gains the proper hands-eye coordination to insert, align and intubate patients with the VividTrac Video Intubation device under challenging conditions. The goal of the repeated exercises is to also overcome the user's past muscle-memory reflexes of using force established from years of using a direct laryngoscope. The Class Instructor will need to watch the trainees carefully to insure they are holding the device in the correct manner (three-fingers), and are inserting the device correctly midline so the blade tip easily reaches the base of the tongue.

After the basic technique of using the VividTrac has been achieved by the trainee, it is highly recommended to recreate by positioning the airway manikin to mimic the most common patient positions encountered in the field when performing intubations. Such as placing the manikin on the floor or intubating from a chair to the side of a patient such as might happen in the back of moving vehicle. Having the trainees work in teams, on a simulated floor intubation, where they switch roles on who intubates, has also been shown to be a productive exercise to improve final results in the field.

The content of this lab class is a work in progress, so expect on-going improvements overtime to the content of the videos and lab exercise assignments. Your professional feedback is the main criteria used to make these improvements, so please share your ideas with Vivid Medical (feedback@vividmed.com) so others can benefit in the future.

1.0 Training Videos

Have the entire class watch the following videos, stop the video presentation if any questions are asked:

- Overview of the VividTrac Device
- Quick Procedure Summary Overview
- Exercise - Backing Out Device
- EMS Field Equipment Overview
- Example Patient Use Videos (PUVs)
- EMS Field Floor Exercise
- Example Patient Use Videos with Commentary

Issue Date: Sept 1, 2012
Reviewed Date: April 27, 2015
Next Review Date: April 2018
2.0 Hands-On Lab Training

Lab#1.1 - Equipment Setup

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1</td>
<td>Turn on display device, connect USB extension or adapter cable, and connect a VividTrac device to confirm a live video image is available.</td>
<td></td>
</tr>
<tr>
<td>1.1.2</td>
<td>Act out the process of lubricating an Endotracheal Tube (ETT) then insert the ETT into the channel of the VividTrac until the distal tip reaches the end of the black plastic body of the VividTrac.</td>
<td></td>
</tr>
<tr>
<td>1.1.3</td>
<td>Load the straight end of the bougie into the ETT tube until the distal tip is 1/4&quot; past tip of the ETT.</td>
<td></td>
</tr>
<tr>
<td>1.1.4</td>
<td>Demonstrate the proper method to hold the VividTrac device (using just three fingers).</td>
<td></td>
</tr>
</tbody>
</table>

Lab#2.1 - Midline Insertion

Goal for the user to be able to properly insert the Video Intubation device into the patient's airway, with the blade positioned center of the tongue and deep enough to reach the base of the tongue, and then position the blade correctly in the airway for proper alignment and distance from the vocal cords (vocal cords should be visible in the middle of the video image).

**Instructor Instructions:** Watch user's finger grip of the device to make sure NO FORCE is being exerted, and Video Intubation device is not being held like a handle. Also check that the blade is not being visibly bent by force and taking more than 10% of the video image at any time during intubation training.

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1</td>
<td>Demonstrate the proper method to hold the VividTrac device (using just three fingers).</td>
<td></td>
</tr>
<tr>
<td>2.1.2</td>
<td>Insert device midline into the month - now that the airway is illuminated by the light of the VividTrac - check for fluid in the airway - (act out) that fluid is present and use the Yankauer with your free hand to suction out the mouth ahead of the VividTrac device.</td>
<td></td>
</tr>
<tr>
<td>2.1.3</td>
<td>Confirm device is placed deep enough in the month that the device body is touching the chin of the manikin. Now start looking at the live video image. While looking at the video image, continue to advance the device into the airway with a rotational motion, sliding the blade along the surface of the tongue. All the while looking for airway landmarks. Position blade-tip either in the vallecula or pick up the epiglottis. Align device so the vocal cords are positioned in the center of the video image.</td>
<td></td>
</tr>
</tbody>
</table>

If using a Bougie inside ETT:
(a) Advance just the bougie past the cords and into the trachea. Advance the ETT down the bougie until the cuffs are past the cords. Remove bougie. Remove ETT from the VividTrac channel (forward and to the corner of the month), hold ETT firmly and remove VividTrac device by pushing the device away from you in a rotational manner.

*(Optionally - after Bougie is properly placed in the trachea, you can remove the ETT w/bougie from the channel of the VividTrac before advancing the ETT. This is beneficial if there is some resistance in the channel when advancing the ETT.)*

If using ETT with no Bougie:
(b) Advance ETT so the cuff is past the cords. Remove ETT from the VividTrac channel (forward and to the corner of the month), hold ETT firmly and remove VividTrac device by pushing the device away from you in a rotational manner.

Lab#2.2 - 45 Degrees off Midline Insertion

Repeat the same procedure, but now use the 45 degrees off midline insertion method.

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.1</td>
<td>Insert the device into the mouth at 45 degrees off midline, until the body of the VividTrac device is touching the cheek of the patient. Now look at the live video image. While looking at the video image, both insert the device slightly and rotate the device upward to midline. The blade tip should now be perfectly positioned at the base of the tongue. Rotate the VividTrac device while inserting to bring the vocal cords into view. Position blade-tip either in the vallecula or pick up the epiglottis. Align device so the vocal cords are positioned in the</td>
<td></td>
</tr>
</tbody>
</table>

Issue Date: Sept 1, 2012
Reviewed Date: April 27, 2015
Next Review Date: April 2018
2.2.3 If using a Bougie inside ETT:
   (a) Advance just the bougie past the cords and into the trachea. Advance the ETT down
      the bougie until the cuffs are past the cords. Remove bougie. Remove ETT from the
      VividTrac channel (forward and to the corner of the month), hold ETT firmly and
      remove VividTrac device by pushing the device away from you in a rotational manner.
      (Optionally - after Bougie is properly placed in the trachea, you can remove the ETT
      w/bougie from the channel of the VividTrac before advancing the ETT. This is
      beneficial if there is some resistance in the channel when advancing the ETT.)

   If using ETT with no Bougie:
   (b) Advance ETT so the cuff is past the cords. Remove ETT from the VividTrac channel
      (forward and to the corner of the month), hold ETT firmly and remove VividTrac
      device by pushing the device away from you in a rotational manner.

2.2.4

Lab#2.3 - 90 Degrees off Midline Insertion
Repeat the same procedure as defined in 2.2 above, but now use the 90 degrees off midline insertion method.

Lab#2.4 - Device Alignment
Goal for the User to be able to learn how to align the advancing ETT (or ETT+Bougie) to the vocal cords and to
adequately place the ETT so the cuff is past the cords and in the trachea.

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4.1</td>
<td>With properly loaded VividTrac with ETT or ETT w/bougie, inserted into the airway until the vocal cords are in view.</td>
<td></td>
</tr>
<tr>
<td>2.4.2</td>
<td>Rotate the VividTrac device (left and right) to adjust position of the vocal cords (left and right) with respect to the direction of the ETT. Advance ETT or bougie to get a feel of your range of reach in either direction. Also mentally note position of vocal cords on the video image when ETT is aligned correctly to the cords.</td>
<td></td>
</tr>
<tr>
<td>2.4.3</td>
<td>Move the VividTrac device (forward and back) in an insertion or removal rotation motion, to raise or lower the view of the vocal cords with respect to the direction of the ETT. Advance ETT or bougie at maximum range of motion to get a feel of the range of reach in either position.</td>
<td></td>
</tr>
</tbody>
</table>

Lab#2.5 - Counter Clockwise Twisting of ETT
Goal for the User to learn the technique to twist the ETT counter clockwise to direct the distal tip of the ETT left.

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5.1</td>
<td>With properly loaded VividTrac with ETT or ETT w/bougie, inserted into the airway until the vocal cords are in view.</td>
<td></td>
</tr>
<tr>
<td>2.5.2</td>
<td>Advance the ETT 1° towards the vocal cords, so the ETT is clearly in the view of the video image. Now twist the ETT forcefully counter clockwise (CCW), which should show the distal tip of the ETT on the video image be directed left. If the ETT is large and there is little free room in the channel, then reverse the ETT to the initial loaded position and attempt in unison to Twist CCW while advancing the ETT. Notice the direction of the distal tip of the ETT on the video image.</td>
<td></td>
</tr>
</tbody>
</table>

Lab#2.6 - Exercise: Learn How to Reverse out Device

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6.1</td>
<td>Insert the VividTrac using one of the methods defined above, but now position the blade tip positioned in the esophagus (deep as possible In the airway). There should be no visible airway landmarks on the video image.</td>
<td></td>
</tr>
<tr>
<td>2.6.2</td>
<td>While still looking at the live video image, slowly start to reverse out the VividTrac device while looking for airway landmarks. (step 1) Back out until the blade positions under the epiglottis and the vocal cords are visible. (step 2) Continue to back out the device until the blade tip is now in the vallecula above the epiglottis. (note some manikins may not support this position well) (step 3) Intubation by either advancing ETT or Bougie past the vocal cords.</td>
<td></td>
</tr>
</tbody>
</table>
Lab#2.7 - Exercise: Effect of Getting Too Close

Users of video laryngoscopes from other manufacturers have a habit of positioning the VividTrac device too close to the vocal cords in a non-optimal position. The design of the VividTrac device provides a wider field of view of the airway and is designed to work best when positioned at a greater distance from the vocal cords than other devices. This provides an improved image of the airway to determine airway landmarks and to accurately view and align the advancing ETT. This exercise is to help User understand the optimal distance to position the VividTrac from the vocal cords.

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.7.1</td>
<td>Insert the VividTrac using one of the methods defined above, but now position the blade tip as close as possible to the vocal cords. Advance ETT (or bougie) notice the effects by observing the video image. Result - In many cases the ETT may hit or be obstructed by soft tissue on the right side. To correct slightly reverse out device until you are at the proper distance from the vocal cords and advance ETT unobstructed to confirm.</td>
<td></td>
</tr>
</tbody>
</table>

Lab#2.8 - Exercise: Let Go of Device

The design of the VividTrac to match the natural anatomy of the airway without the use of any force is demonstrated through this exercise where the User after the VividTrac has been correctly inserted in the airway, can completely let go of the VividTrac device, without losing visualization of the vocal cords. As an example, this can be extremely beneficial if the User needs to free their hands to maybe hold the bougie while they advance the ETT along the bougie into the trachea, etc.

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.8.1</td>
<td>Insert the VividTrac using one of the methods defined above and achieve a proper position and view of the vocal cords. Now completely release your hand hold of the VividTrac device and while looking at the live video image. Result - There may be no change in the quality of view of the vocal cords.</td>
<td></td>
</tr>
</tbody>
</table>

Lab#2.9 - Exercise: Let the Device Lift the Soft Tissue

The design of the VividTrac device with the acute angled blade allows the User to gently pull the device toward the roof of the mouth to lift the soft tissue of the airway. This can open the airway to provide a more full view of the vocal cords.

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.9.1</td>
<td>Insert the VividTrac using one of the methods defined above and achieve a proper position and view of the vocal cords. While looking at the live video image, and holding the proximal end of the device, start to pull it toward you, or toward the roof of the mouth. Result - In the view image you will notice that the soft tissue of the airway is &quot;lifted&quot;.</td>
<td></td>
</tr>
</tbody>
</table>

Lab#2.10 - Exercise: Confirmation Insertion

At any time during transport, the field medic can reinsert the VividTrac device to confirm proper placement of the ETT. Some organizations perform a confirmation insertion at the time they transfer the patient from the vehicle to the Emergency Department to remove any later questions on the status of the patient in regards to establishing a definitive airway.

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.10.1</td>
<td>With an ETT already intubated in the manikin, and the VividTrac device channel empty, insert the VividTrac device back into the patient's airway to get a confirmation view of the ETT entering the vocal cords, and at the proper depth. Recommended method is to move the ETT to the left side of the mouth, place the tip of the VividTrac blade on the ETT and follow the ETT into the airway until a view of the ETT and vocal cords is achieved.</td>
<td></td>
</tr>
</tbody>
</table>

Lab#2.11 - Using the Bougie

Goal to allow the User to experience the benefits of using a bougie loaded in the ETT when using the VividTrac.

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.11.1</td>
<td>With VividTrac device out of the airway, first load an ETT into the tube channel, second load the straight end of the bougie into the end of the ETT, advance until the tip of the bougie is</td>
<td></td>
</tr>
</tbody>
</table>

Issue Date: Sept 1, 2012
Reviewed Date: April 27, 2015
Next Review Date: April 2018
aligned with the distal tip of the ETT. Both tips should not be extended so as to obstruct the video image.

2.11. With the VividTrac device still out of the airway:
(a) Advance just the bougie while observing the direction the bougie is advancing in relationship to the metal tip of the VividTrac. Result - Notice the bougie will be directed downward away from the tip of the metal blade.
(b) Now advance the ETT 1" inch - Again advance the just the bougie while observing the direction the bougie is advancing in relationship to the metal tip of the VividTrac. Result - Notice the tip of the bougie will be directed close to the tip of the metal blade.

2.11.2 With the VividTrac device still out of the airway, and ETT distal tip positioned correctly at the end of the black plastic body, load the bent end "coude tip" of the bougie in the end of the ETT:
(a) Advance just the bougie while observing the direction the bougie is advancing in relationship to the metal tip of the VividTrac. Result - Notice the tip of the bougie will be directed upward to but not quite touching the tip of the metal blade of the VividTrac.
(b) Now advance the ETT 1" inch - Again advance just the bougie while observing the direction of the bougie as it advances in relationship to the metal tip of the VividTrac. Result - Notice the bougie will actually touch the tip of the metal blade, and when past the tip blade will actually be positioned above the blade.

2.11.3 With a VividTrac preloaded with ETT and bougie, insert into the manikin's airway until a view of the vocal cords is achieved. Advance just the bougie and notice the alignment to the vocal cords, make adjustments by adjusting the ETT to align the bougie to the vocal cords.

2.11.4 Align to vocal cords then advance bougie first into trachea, advance ETT down bougie to intubate.

2.11.5 Advance ETT over the Bougie AFTER first releasing the ETT from the channel, and is held to the side of the device.

3.0 Advanced Techniques

Lab#3.1 - ETT Blocked within Trachea

There are times when the ETT has been advanced just past the vocal cords, but then the distal tip of the ETT hits the back wall of the trachea and does not want to be advanced. To address this experience, the user is taught the below technique.

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1</td>
<td>With properly loaded VividTrac with ETT inserted into the airway until the vocal cords are in view, and advance the ETT until the distal tip is just past the vocal cords. Act that the ETT is now stuck or obstructed by hitting the back wall of the trachea.</td>
<td></td>
</tr>
<tr>
<td>3.1.2</td>
<td>Take ETT out of channel, hold ETT in right hand, pull tube back 1/4&quot;, twist ETT clockwise and advance gently, repeat while twisting ETT clockwise, until ETT smoothly advances down deeper in to the trachea.</td>
<td></td>
</tr>
</tbody>
</table>

Lab#3.2 - Replace ETT while VividTrac is in Patient

There may be a need to switch out an ETT while the VividTrac device is positioned correctly in the airway with the vocal cords under visualization. This

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.1</td>
<td>With properly loaded VividTrac with ETT inserted into the airway until the vocal cords are in view, pull out the ETT from the channel and reinsert back into the tube channel until the tip is seen again on the live video image. Making sure the ETT did not fall out of the tube channel.</td>
<td></td>
</tr>
</tbody>
</table>

Lab#3.3 - Using a Stylet

Goal for the User to be able to intubate using a stylet loaded ETT outside the channel of the VividTrac device. This is useful technique for cases where the User has years of past experience intubating using a stylet loaded ETT, or if there is a requirement to intubate with a tube that has an outside diameter that is too large for the tube channel of the VividTrac device.

Issue Date: Sept 1, 2012
Reviewed Date: April 27, 2015
Next Review Date: April 2018
### Lab#3.4 - Patient (Manikin) in Alternate Positions

Goal for the User to be able to intubation patients in multiple challenging positions using either their right or left hand.

<table>
<thead>
<tr>
<th>#</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4.1</td>
<td>Standard Position - User above head of patient - use opposite hand</td>
<td></td>
</tr>
<tr>
<td>3.4.2</td>
<td>Left Side of head of patient</td>
<td></td>
</tr>
<tr>
<td>3.4.3</td>
<td>Right Side of head of patient</td>
<td></td>
</tr>
<tr>
<td>3.4.4</td>
<td>Patient upright, facing patient</td>
<td></td>
</tr>
<tr>
<td>3.4.5</td>
<td>Patient is on the floor</td>
<td></td>
</tr>
<tr>
<td>3.4.6</td>
<td>Patient is in moving vehicle - Medic is in a chair behind or along side of patient</td>
<td></td>
</tr>
<tr>
<td>3.4.7</td>
<td>Place neck constraint on manikin</td>
<td></td>
</tr>
<tr>
<td>3.4.8</td>
<td>Simulate Chest Compression</td>
<td></td>
</tr>
</tbody>
</table>
TRAINING COMPLETION SIGN OFF
(to be filled out by Instructor)

Student Name: ____________________________  Date: ____________________________

Instructor Name: ____________________________  Instructor Signature: ____________________________

Instructor Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Issue Date: Sept 1, 2012
Reviewed Date: April 27, 2015
Next Review Date: April 2018
Appendix A

Required Training Equipment

The list of equipment below will be required to complete the classroom exercises defined above.

- Airway manikin
- Airway manikin lubrication
- VividTrac Video Intubation Device-ADULT
- Endotracheal Tubes (7.0mm, 7.5mm, 8.0mm)
- 10cc Syringe
- Bougie
- Stylet
- Suction wand (i.e. Yankauer)
- Magill Forceps (optional)
- Display Device (tablet or computer) and USB adapter cable if required
- USB Extension Cord
- Presentation Computer with overhead projector