

# Airway: Bougie Device

<b>Applies to:</b>	
<b>P</b>	Paramedic

## Clinical Indications:

1. Patients meet clinical indications for oral intubation.
2. For use with direct and video laryngoscopy only.

## Contraindications:

1. Age less than eight (8) or Broslow tape ETT size less than 6.5 mm.

## Procedure:

1. Prepare, position, and oxygenate the patient with 100% oxygen.
2. Select the proper ET tube and remove stylette; test cuff and prepare suction.
3. Lubricate the distal end and cuff of the endotracheal tube (ETT) with a water-based lubricant and the distal 1/2 of the Bougie device. (Note: Failure to lubricate the Bougie and the ETT may result in being unable to pass the ETT).
4. Using the laryngoscope, visualize the vocal cords, if possible, using external laryngeal manipulation.
5. Introduce the Bougie with the curved tip anteriorly and visualize the tip passing the vocal cords or above the arytenoids if the cords cannot be visualized.
6. Once inserted, gently advance the Bougie until you meet resistance; feel for the tracheal rings. If you do not meet resistance, you have a probable esophageal intubation and insertion should be reattempted or use an i-gel Airway.
7. Withdraw the Bougie ONLY to a depth sufficient to allow loading of the ETT while maintaining proximal control of the Bougie.
8. Gently advance the Bougie and loaded ETT until you have feel resistance again, thereby assuring tracheal placement and minimizing the risk of accidental displacement of the Bougie.
9. While maintaining a firm grasp on the proximal Bougie, introduce the ETT over the Bougie passing the tube to its appropriate depth.
10. If you are unable to advance the ETT into the trachea and the Bougie and ETT are adequately lubricated, withdraw the ETT slightly and rotate the ETT 90 degrees COUNTER clockwise to turn the bevel of the ETT posteriorly. If this technique fails to facilitate passing of the ETT you may attempt direct laryngoscopy while advancing the ETT (this will require an assistant to maintain the position of the Bougie and, if so desired, advance the ETT).
11. Once the ETT is correctly placed, hold the ETT securely and remove the Bougie.
12. Confirm tracheal placement according to the intubation protocol, inflate the cuff with 3–10ml of air until pilot balloon is softly firm, auscultate for equal breath sounds, and reposition accordingly.
13. When final position is determined secure the ETT, reassess breath sounds, apply EtCO<sub>2</sub> monitoring, and record and monitor readings to assure continued tracheal intubation.

