NOR-CAL EMS	1824	ALS Adult Video Laryngoscopy for Approved Ground Providers

Nor-Cal EMS Policy & Procedure Manual	ALS Procedures
Effective Date: 03/01/2025	Next Revision: 03/01/2028
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

INDICATIONS

- Full arrest requiring airway control.
- Unresponsive patient with failure to ventilate.
- Lack of gag reflex with the inability or predicted inability to control or protect the airway.
- Failed direct laryngoscopy or supraglottic airway placement.
- For adult patients only.

CONTRAINDICATIONS

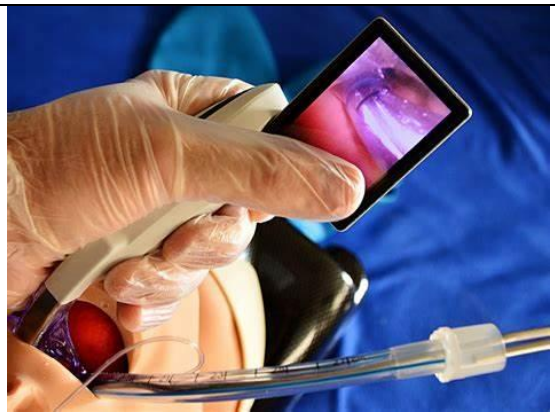
- Video laryngoscope model or use has not been approved by NorCal EMS for the provider agency.
- Responsive patients with an intact gag reflex.
- Provider is unfamiliar with the video laryngoscope.

PRECAUTIONS

- Advance slowly to keep from over-advancing and causing airway damage or loss of landmarks
- Overwhelming fluid in the airway
- Operator inexperience

PROCEDURE

- Preoxygenate with BVM for at least eight (8) vital capacity breaths if able:
  - If pulse oximetry of less than 95%, reinitiate ventilatory assistance with a BVM.
  - When using a BVM during pre-oxygenation, ventilate at a rate only to maintain oxygen saturation at 95% and avoid hyperventilation.
  - Utilize passive oxygenation via NC at one (1) liter/min/kg up to max 15 liters/min during apnea and intubation attempts.
- Position the patient in sniffing position.
- Suction oropharynx as needed. Early suction is recommended to ensure the view is not obscured.
- Perform Video laryngoscopy (VL):
  - Pre-bend stylet appropriately for device and ETT.
  - **Look Mouth**: Place VL centrally on tongue and gently advance until the blade has passed the posterior aspect of the tongue.
  - **Look Screen**: Look for epiglottis in the scope and preferably place the blade in the vallecula like standard direct laryngoscopy. Consider laryngeal manipulation.
  - **Look Mouth**: Gently place the ETT along the right side of the VL blade just past the posterior aspect of the tongue.
  - **Look Screen**: Gently manipulate the ETT through the cords, fully introducing the cuff. (NOTE: With rigid stylets/hyperacute blades like the Glidescope, the stylet must be removed before the ETT is advanced or it will damage the anterior wall of the trachea).
- Remove the stylet.
- Inflate the cuff.



- Verify placement of endotracheal intubation using a minimum of four (4) methods:
  - Equal lung sounds bilaterally (chest rise and fall).
  - Mist present in ETT with exhalation.
  - Presence of EtCO2 wave form (EtCO2 capnography is the standard; however, when EtCO2 is not available, an appropriate color change on colorimetric EtCO2 device may be used).
  - Normal SpO2 reading.
  - Secure the ETT using tape or a compatible commercial device.
- Monitor placement continually
  - Monitor SpO2, EtCO2, and ECG continuously
  - Reconfirm placement using a minimum of four (4) methods noted above

KEY TAKEAWAYS

- Monitor EtCO2 and SpO2 continuously.
- Reconfirm placement using a minimum of four (4) methods (chest rise, lung sounds, appropriate EtCO2 reading, appropriate SpO2 reading, mist in tube, tube depth based at lip line) after every patient move.
- Consider the placement of gastric drainage device to facilitate ventilation and avoid regurgitation, an OG or NG tube should be placed.
- **Provider Documentation**: Approximate time of the intubation, video laryngoscope use, ETT side and depth, confirmation methods used, complications encountered, VS, SpO2, EtCO2, ECG rhythm, and confirmation of ETT at transfer of care.
- **Agency Documentation**: Notify management of use. The agency must maintain a log of use and required information per Nor-Cal EMS. Managers must submit quarterly reports with all information using the online form to Nor-Cal EMS. (*Failure to comply with these requirements will result in revocation of procedural approval by Nor-Cal EMS)*
- **Quality Assurance**: Managers must perform initial training and quarterly skills review with paramedics wishing to utilize video laryngoscopy. Managers must use the approved skills testing form found on the Nor-Cal EMS website. Approved agencies will maintain a log of approved paramedics with skills verification and scores submitted to Nor-Cal EMS on a quarterly basis.