

# COMBITUBE

## INDICATIONS

1. Endotracheal Intubation not possible
2. Unconscious - no purposeful movement, no gag reflex
3. Apneic or agonal respirations less than 8/min
4. At least 5 ft tall

## CONTRAINDICATIONS

1. Patients under 5 ft tall
2. Suspected hydro-carbia or caustic ingestion
3. Suspected narcotic overdose
4. Oral-Pharyngeal resistance
5. Laryngectomy or tracheal stoma

## PROCEDURE:

- 1. C-Spine immobilization if injury suspected**
- 2. Have suction immediately available**
- 3. Hyperventilate with 100% O2 for 1 minute**
- 4. Insert within 20 seconds**
- 5. Insert and advance until patients teeth are between two black lines**
- 6. Do not force advancement of tube**

**7. Over 20 s withdraw and re-ventilate**

**8. Inflate both balloons in following order**

**A. Pharyngeal (number 1, blue pilot port) 100 ml**

**B. Distal port (number 2, white pilot port 15 ml**

**9. Ventilate through pharyngeal (number 1) port**

**10. Check for proper tube placement**

**A. Assess chest rise**

**B. Check adequacy of breathing**

**C. Check absence of epigastric air entry**

**D. Reassess placement after every move**

**11. If ventilating are not adequate, ventilate through distal (number 2) port.**

**12. Secure tube as soon as possible**

**13. After placement, ventilate with BVMD & 100% O<sub>2</sub>**