

BOUGIE-TYPE INTUBATION STYLET EMT "CHEAT SHEET"

HOW TO: (see: www.youtube.com/watch?v=eh4utxShHoU)

1. This is, ideally, a two-person procedure. Your assistant should:
 - a. Hand you the stylet when you need it;
 - b. Thread the ET tube over top of stylet once stylet is in trachea;
 - c. Control top of stylet as you thread ETT over it and into trachea;
 - d. Remove stylet while you manually stabilize ETT in trachea.
2. Use laryngoscope as usual to obtain the best look you can get, ideally at least identifying the epiglottis.
3. **Keep laryngoscope in place throughout entire procedure- until ETT is properly positioned in trachea.**
4. If you can see any of the posterior vocal cord structures, insert the stylet above (anterior to) them into the glottis.
 - a. If no landmarks are visible, follow the tongue and/or epiglottis to where you know the glottis should sit (blind insertion).
5. Keep the angled tip of the stylet pointed upwards (towards patients nose) and try to feel the click of the tracheal rings as you insert the stylet- this "clicking" aids in confirming tracheal, not esophageal, placement.
6. Advancing the stylet until it is **40cm** inside the mouth should lead to some resistance if you are in the trachea, as the bent tip of the stylet encounters the carina or twists as it enters a main-stem bronchus.
 - a. Stylet will advance well past 40cm with no resistance/twisting if it is in the esophagus.
7. Having the stylet inserted at **20-25cm** when you thread the ETT over it will ensure that there is enough of the stylet outside of the patient for it to protrude all the way through the ETT so your assistant can grasp and stabilize the top of the stylet while you advance the ETT down the stylet.
8. Being sure you are not looking straight down into patients mouth, but have your **line of sight** and the stylet at a flat angle (parallel to the floor), will often greatly assist in getting the stylet to pass into the trachea.
 - a. If the stylet keeps bending on the glottis- step back from the patient a little bit and flatten out your line of sight and the angle of stylet.
9. For truly "blind" attempts, consider putting a bigger bend in the end of the stylet, and use that curve to follow the epiglottis around the corner.
10. A **90 degree counterclockwise rotation** of the ETT (**to your left**, towards the laryngoscope hand) as you slide the ETT down the stylet and approach the larynx is advised, as it will decrease the chance of the sharp tip of the ETT hanging up on the laryngeal soft tissues.
 - a. Look closely at the orientation of the bevel on the tip of an ETT and it will be clear why this rotation is very helpful.
11. Complete documentation of EACH and EVERY intubation attempt is mandatory- including confirmation, monitoring, complications, reason for missed intubation. The High Plains system is well set up to facilitate this

BOUGIE-TYPE INTUBATION STYLET, continued

THE RULES:

1. Once you have been through this ALS Skills session, and have been checked-off by the Instructor for this skill, you are authorized to use this tool in the Mesa County EMS system (EMT-I and P only).
2. You must sign-in (legibly) on the skills check-off sheet at the airway station, and then be signed-off on by the airway instructor, once you show proficiency with the intubation stylet.
3. If you are not listed and signed-off in this fashion, you ARE NOT authorized to use this airway tool at this time.
4. Any questions, concerns, issues should be directed to Dr. Dery.

IMPORTANT TIDBITS:

1. There are adult and pediatric size (diameter) bougie stylets- agencies should consider having both sizes.
2. It is suggested that agencies stock disposable "tracheal tube introducers" (usually blue) rather than reusable Gum Elastic Bougies.
3. Some versions have markers at 20-25cm and 40cm- these are preferred.
4. If you use the intubation stylet to intubate a patient, your PCR narrative needs to indicate this for each attempt.
 - a. Dery and Hill will be working to update High Plains to make this an easy checkbox thing to do.

SELECTED VIDEO RESOURCES:

1. www.youtube.com/watch?v=eh4utxShHoU
2. www.youtube.com/watch?v=lx8i708Cv7g&feature=related