LOS ANGELES COUNTY EMS AGENCY



ESOPHAGEAL INTUBATION DETECTION DEVICE (ASPIRATION TYPE)

	SKILL	Yes/No	COMMENTS	SKILL	Yes/No	COMMENTS
PERFORMANCE OBJECTIVES The examinee will demonstrate proficiency in the use of an aspiration type esophageal intubation detector device (EID) to verify endotracheal intubation. CONDITION The examinee will be asked to verify placement of an endotracheal tube (ETT) using either the bulb or syringe esophageal intubation detector device (EID) on a simulated patient previously intubated with an ETT. Necessary equipment will be adjacent to the patient. EQUIPMENT Adult intubation manikin intubated with an ETT, esophageal detector device (bulb or syringe), bagvalve-mask device, gloves, and goggles. PERFORMANCE CRITERIA 100% accuracy required on all items for training program skills testing Confirmation must be completed within 10 seconds Must use appropriate body substance isolation precautions—personal protective equipment (PPE) NAME DATE PASS FAIL 1st 2nd 3rd (final) EXAMINER(S)	1. Take body substance isolation precautions (PPE) 2. Remove EID from packaging 3. Test EID for air leak: • <u>Bulb</u> - compress bulb to expendir, seal end of bulb and release — if air enters bulb discard • <u>Syringe</u> - seal syringe tip and retract plunger — if air enters syringe discard 4. Ready the EID: • <u>Bulb</u> - compress to expel air device • <u>Syringe</u> - seat plunger toward front of syringe Procedure 1. Attach EID to ETT when maintaining ETT placement using pincer grip to stabilit tube 2. Evaluate ETT placement: • <u>Bulb</u> - allow bulb to seexpand; if bulb expands in expand; if bulb expands in ex	el de res in de leife se elfe se el elle se el elfe se el elle se elle se elle ell		If bulb expands slowly sec) tracheal intubation questionable →→ clinic check placement: Check for chest rise Auscultate epigastric and I sounds ***Remove ETT if indicated If bulb remains collapsed gastric contents obtained, ETT is in the esophagus remove the ETT immedia and ventilate with BVM dev Syringe - retract plunger over 3 seconds If air fills syringe complet the ETT is in the trachea ventilate and clinically chelling placement: Check for chest rise Auscultate epigastric and I sounds If resistance and no air ent the syringe, or if gastric contents obtained, the ETT in the esophagus→→ immediately remove the ET and ventilate with BVM dev 3. Ventilate patient with ET device and clinically recon ETT placement: Check for chest rise Auscultate epigastric and I sounds 4. Secure the ETT if track placement is confirmed (need only verbalize) Developed: 3/98	or the → yelly, → eck	Page 1 of 2
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VERBAL TEST ITEMS (Program Option) Indications: • When an aspiration type of esophageal intubation detector device is part of local protocols during ETT placement. **Contraindications** • Children under 5 years old or less than 20kg **Complications** Hypoxia • ETT dislodgement • False negative from confirmation procedure Note • An EID takes the advantage of the fibromuscular esophagus which will collapse Page 2 of 2 when negative pressure (aspiration) is 8/00 applied. The tracheal is rigid and remains patent, allowing for free aspiration of air. • If an air leak is detected during the initial preparation of the device - discard the bulb or syringe (do not use). • Placement of ETT should be determined within 5 seconds of attaching the EID to the ETT.