

TITLE: ESOPHAGEAL TRACHEAL DOUBLE LUMEN AIRWAY DEVICE EMS Policy No. 5904

PURPOSE: The purpose of this policy is to authorize paramedics to perform the insertion of an ETDLA advanced airway rescue device.

AUTHORITY: Division 2.5, California Health and Safety Code, Sections 1797.220

POLICY:

- I. **INDICATIONS:** ETDLA (size small adult) intubation may be performed only on those patients that meet **all** of the following criteria:
 - A. Are unconscious and without purposeful movement;
 - B. Do not have an intact gag reflex;
 - C. Paramedic is unable to perform endotracheal intubation;
 - D. Are apneic or have respiratory rate of <6 per minute;
 - E. Appear to be at least 16 years old AND at least 4 feet tall.

- II. **CONTRAINDICATIONS:** ETDLAs shall not be used on patients who meet **any** one of the following criteria:
 - A. Airway can be managed with an upper airway device only (i.e. OPA or NPA airway);
 - B. Have a positive gag reflex;
 - C. Have known esophageal injury, surgery, or disease (e.g. tumor, varices);
 - D. Have a foreign body airway obstruction;
 - E. Have a history of laryngectomy with stoma;
 - F. Are a known narcotic overdose patient;
 - G. Any circumstances where airway edema is suspected or could develop;
 - H. Allergic/anaphylactic reaction;

Effective: **February 1, 2007**
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Supersedes:

Page 1 of 4

Approved: Signature on file
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Signature on file
EMS Administrator

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- I. Respiratory burns;
 - J. Age <16;
 - K. Height < 4 feet.
- III. EQUIPMENT:
- A. ETDLA Device (Combitube™);
 - B. 100 ml syringe for inflation of pharyngeal cuff;
 - C. 200 ml syringe for inflation of distal cuff;
 - D. Water soluble lubricant;
 - E. Stethoscope;
 - F. Portable suction device.
- IV. PROCEDURE:
- A. Deflate each cuff and check for leaks, apply emesis diverter to tube #2.
 - B. Apply water soluble lubricant to distal end of tube.
 - C. Hyperventilate patient.
 - D. Place patient's head in a neutral position.
 - E. Grab lower jaw and lift upward.
 - F. Insert tube; advance until teeth/gums are between the black rings on the tube.
 - G. Inflate pharyngeal cuff (port # 1 with blue pilot balloon) with 85 ml of air.
 - H. Inflate distal cuff (port #2 with white pilot balloon) with 15 ml of air.
 - I. Ventilate through tube # 1 and assess ventilation:

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Supersedes:

Page 2 of 4

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1. Rise and fall of chest;
 2. Bilateral lung sounds;
 3. Confirm placement with CO2 detector;
 4. Gastric auscultation.
- J. If chest rise is present and gastric sounds are absent:
1. Secure tube;
 2. Verify placement;
 3. Continue ventilation.
- K. If no chest rise and gastric sounds are present:
1. Remove the emesis diverter and ventilate using tube #2;
 2. Assess ventilation as above.
- L. If unable to confirm placement via either tube:
1. Remove ETDLA device;
 2. Continue ventilations with bag valve mask;
 3. If initial insertion resulted in no chest rise and absent gastric sounds, the ETDLA may have been advanced too far. Consider reinsertion with 2-3 cm less depth.
- V. SPECIAL CONSIDERATIONS:
- A. The ETDLA will enter the esophagus 85% of the time, so ventilation with tube #1 is common.
- B. If ventilation is through tube #2, then the tube is in the trachea.

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Page 3 of 4

Approved: Signature on file
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- C. Insertion of the ETDLA shall not take longer than 30 seconds.
- D. If resistance is met when advancing the tube, attempt should be discontinued.
- E. ETDLA devices shall not be forced. If resistance is met on intubation attempts, the tube should be removed and BVM continued.
- F. The ETDLA device shall be stored in original packaging to ensure maintenance of proper curvature.

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Page 4 of 4

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