

Southern Illinois Regional EMS System

II-18 PEDIATRIC INTUBATION

1. Basic opening airway technique:
 - 1.1. Extend head.
 - 1.2. Clear out airway.
2. Begin mouth-to-mouth ventilations and switch to Pediatric bag valve mask ventilations as soon as airway has been established.
3. Set up equipment for intubation:
 - 3.1. Select proper tube:
 - 3.1.1. Refer to Pediatric Reference Guide for Emergency Equipment (GG-22) SOP.
 - 3.2. Laryngoscope blade and handle:
 - 3.2.1. Make sure they are connected properly.
 - 3.2.2. Make sure light is working and of good intensity.
 - 3.3. Insert appropriate size stylette if necessary.
 - 3.4. Lubricant – water soluble.
 - 3.5. Pediatric bag valve mask with adapter.
 - 3.6. Oxygen.
 - 3.7. Suction.
 - 3.8. Tape.
 - 3.9. Stethoscope.
4. Suction airway if needed and keep readily available.
5. Hyperventilate patient prior to intubation attempt.
6. Guidelines:
 - 6.1. Paramedics that have successfully completed ACLS may intubate pediatric patients as indicated.
 - 6.2. In order to facilitate an easier and less traumatic intubation:
 - 6.2.1. A designated stylette may be used to maintain stability of the ET tube provided the following criteria are met:
 - 6.2.1.1. Good visualization of the vocal cords is obtained.
 - 6.2.1.2. The appropriate size pediatric stylette is used.
 - 6.2.1.3. The tip of the stylette does not extend beyond the end of the ET tube.