

# Southern Illinois Regional EMS System

## II-30 ESOPHAGEAL TRACHEAL COMBITUBE®

### Indications:

- Cardiac arrest from any cause, including traumatic.
- Secondary airway option when endotracheal intubation is not possible/available.

### Contraindications:

- Patient is less than five (5) feet in height.
- Active gag reflex.
- Patient has known or suspected esophageal disease.
- Patient has ingested a caustic substance.

### Prepare Equipment:

- Take appropriate body substance isolation precautions.
- Prepare the airway:
  - Determine integrity of cuffs by injecting appropriate amounts of air by syringe.
  - After cuff integrity is verified:
    - Verify the large syringe has 100 mL of air drawn into it.
    - Verify the smaller syringe has 15 mL of air drawn into it.
- Lubricate distal end as necessary.
- Ensure all necessary components and accessories are at hand.

### Prepare the Patient:

- Confirm original assessment findings of a need for the airway.
- Inspect upper airway for visual obstruction and remove if present.
- Pre-oxygenate/ventilate the patient for at least 30 seconds.
- Position the patient's head in a neutral position.
- The EMS Provider should be positioned on the top side of the patient's head.

### Placing the Esophageal Tracheal Combitube (ETC):

- Stop ventilations and remove oropharyngeal airway to allow ETC placement.
- Chest compressions should continue during the placement of the ETC.
- Perform a tongue-jaw lift, lifting the tongue and mandible upward anteriorly.
- Insert ETC along the midline in same direction as the natural curvature of pharynx.
- Continue to insert gently but firmly until the black rings on the ETC are located between the patient's teeth.
  - Do Not Force. If the ETC does not insert easily, withdraw and retry.
  - Any placement attempt cannot take longer than 30 seconds without ventilations.
- Inflate the large pharyngeal cuff through the blue port with 100 mL of air.
- Inflate the smaller distal cuff through the white port with 15 mL of air.
  - Check integrity of the blue and white pilot balloons, they should be distended.
  - Be sure to inflate the pharyngeal cuff first, inflating the distal cuff first will cause the ETC to fail.
  - When cuffs fill, the location of the black rings on the tube of the ETC will move upward slightly. This is a normal response.

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## II-30 ESOPHAGEAL TRACHEAL COMBITUBE® (continued)

### Confirming Placement of the ETC:

- Connect a BVM and ventilate through the primary (blue) tube.
- Observe for chest rise and fall.
- Auscultate the epigastrium and both lung fields.

### Ventilating the Patient with Esophageal Placement of the ETC:

- Esophageal placement- the ETC is correctly placed in the esophagus when:
  - Breath sounds are present bilaterally and epigastric sounds are absent.
  - Continue to ventilate through primary (blue) tube.
  - The clear tube may be used for the removal of gastric fluid or gas with the catheter provided in the airway kit.

### Ventilating the Patient with Tracheal Placement of the ETC:

- Tracheal placement- the ETC is placed in the trachea when:
  - Breath sounds are absent and epigastric sounds are present.
  - Ventilate through secondary (clear) tube.
  - Reassess placement by auscultation and, if confirmed, continue to ventilate through the secondary (clear) tube.

### Removing the ETC:

- Indications:
  - Patient regains consciousness.
  - Protective gag reflex returns.
  - Ventilation is inadequate.
- Procedure
  - Position patient on side, using spinal precautions as necessary.
  - Deflate the cuffs (blue then white) and withdraw the airway.
  - Remove the ETC in a smooth, steady motion suctioning as needed.
  - Monitor the airway and respirations closely.
  - Suction as needed.