**PERFORMANCE EVALUATION**  NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTUBATION WITH COMBITUBE** DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN ESOPHAGUS** INSTRUCTOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade: PASS FAIL**

*(PE with extubation = 15 min)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **0** | **1** | **2** | **3** | **NA** |
| 1. The Esophageal Tracheal Combitube will already be in place. *Be prepared to verify proper placement in the esophagus or trachea*    1. Attempt ventilation through longer blue tube first    2. If negative - then try shorter white tube    3. If negative – then deflate cuffs and adjust depth |  |  |  |  |  |
| 1. Ask an assistant to ventilate while you assemble the intubation equipment (or place on ventilator) |  |  |  |  |  |
| 1. Select and prepare the appropriate    1. ET tube (determine proper size?) 2. Keep in clean package 3. Check cuff with 10 mL syringe (inflate & squeeze) 4. Lubricate (water soluble) 5. Insert stylet (keep clean) 6. Bend tip of tube |  |  |  |  |  |
| 1. Select and prepare the appropriate size laryngoscope blade (how?) |  |  |  |  |  |
| 1. Trouble shoot any laryngoscope problems |  |  |  |  |  |
| 1. Position patient (manikin) for intubation (**sniffing position**) |  |  |  |  |  |
| 1. Clear the upper airway of secretions and keep yankauer suction handy |  |  |  |  |  |
| 1. Have the assistant stop bagging and deflate the upper large pharyngeal cuff completely |  |  |  |  |  |
| 1. Move the ETC to the left corner of the mouth, hold laryngoscope in left hand and insert laryngoscope in right side of mouth moving tongue to the left (during manikin practice, keep the laryngoscope blade in the midline) |  |  |  |  |  |
| 1. Visualize the epiglottis, then the vocal cords and insert ET tube without breaking the teeth |  |  |  |  |  |
| 1. **IF YOU ARE UNABLE TO INTUBATE WITHIN 30 SECONDS, YOU MUST INFLATE THE ETC PHARYNGEAL CUFF, REOXYGENATE, AND VENTILATE BEFORE FURTHER ATTEMPTS AT INTUBATION** *(Ask your assistant to time you)* |  |  |  |  |  |
| 1. Have an assistant apply the Selleck Maneuver (cricoid pressure) if needed |  |  |  |  |  |
| 1. Advance the ET tube approximately 1-2 inches (2-3 cm past the vocal cords under direct vision |  |  |  |  |  |
| 1. **DO NOT LET GO OF THE ET TUBE UNTIL IT HAS BEEN SECURED** |  |  |  |  |  |
| 1. Check the depth markings on the ET tube    1. Adult male = 21 – 23cm at the lip    2. Adult female = 19 – 21cm at the lip |  |  |  |  |  |
|  | **0** | **1** | **2** | **3** | **NA** |
| 1. **Hold the ET** **tube** while you remove the stylet and inflate the cuff with the appropriate amount of air (5-10 mL) |  |  |  |  |  |
| 1. Have your assistant begin ventilation |  |  |  |  |  |
| 1. Check placement of tube (look for rise and fall of chest, auscultate, clinical improvement, esophageal devices, ETCO2 monitor, order x-ray) |  |  |  |  |  |
| 1. **Hold ET tube** while deflating ETC lower cuff and removing ETC |  |  |  |  |  |
| 1. The tube will now be secured |  |  |  |  |  |
| 1. Check cuff pressure |  |  |  |  |  |
| 1. Knowledge/Comprehension Level    1. Can the student answer all oral review questions? |  |  |  |  |  |

**Students must pass all critical steps with a score of 2 or 3**

Perfor.grd

Developed 9/2014

**ORAL REVIEW QUESTIONS**

1. What do the initials ETC stand for? *Esophageal Tracheal Combitube*
2. Why would an ETC be inserted? Do *not have training to insert ET or visualization of vocal cords cannot be performed (i.e. trapped victim)*
3. What are the differences between the Combitube and Combitube SA? *Combitube is for 5 feet & taller where as SA is for 4 – 5.5 feet*
4. List the advantages of an ETC. Can be inserted blind, can be placed in esophagus or trachea, can use high ventilation pressures, can decompress stomach, can breath spontaneously
5. List the disadvantages of an ETC. May *perforate esophagus, can cause tracheal complications, could delay ventilation if wrong port used*
6. When is an ETC contraindicated? *Not for use with esophageal trauma or disease, corrosive ingestion, pharyngeal trauma*
7. How should you evaluate and assess for correct ETC placement? a. Attempt ventilation through longer tube first, b. If negative - then try shorter tube, c. If negative – then deflate cuffs and adjust depth
8. Describe the characteristics/features of an ETC. *Has large pharyngeal balloon holding 85 – 100 mL air and a smaller distal balloon holding 12- 15 mL air*
9. The tip of the ETC is usually positioned where? *Esophagus*
10. If placed in the esophagus, which balloon(s) is/are inflated? *Both*
11. What pathway would the gas take to enter the lungs? *Bag through blue, longer port empties out of small holes and enters trachea*
12. If placed in the trachea, which balloon(s) is/are inflated? *Lower only*
13. What pathway would the gas take to enter the lungs? *Bag through shorter white port and gas enters lungs through end of tube.*
14. Compare the intubation options when the ETC is placed in the trachea vs. the esophagus. *If in trachea, ETC can be removed for intubation or a tube exchanger can be used. If in the esophagus, intubation can take place with ETC in place.*
15. List all the equipment needed for adult oral endotracheal intubation.
16. *PPE*
17. *Stethoscope*
18. *Resuscitation bag & mask*
19. *Oxygen source, flowmeter and tubing*
20. *Towel for back of head*
21. *Endotracheal tube*
22. *Laryngoscope*
23. *Light Bulbs*
24. *Blades*
25. *Batteries*
26. *Stylet*
27. *Water sol. lubricant (xylocaine jelly)*
28. *Local anesthetic spray (cetacaine)*
29. *10 cc syringe*
30. *Suction unit, sterile kits and yankauer catheter*
31. *Sterile saline or sterile water*
32. *Saline packets*
33. *CO2 detector or other placement device*
34. *Pulse oximeter (if available)*
35. *Tube securing equipment (tape)*
36. *Tinc-O-Ben (tincture of benzoin)*
37. *Scissors*
38. Explain how to check and prepare an endotracheal tube for intubation.
    1. *Keep in clean package*
    2. *Check cuff*
    3. *Lubricate*
    4. *Insert stylet*
    5. *Bend tip of tube*
39. Explain how to select the proper size laryngoscope blade. *Blade length should match the distance from the tip of the patient’s middle finger to the base of the hand near the wrist OR use a chart.*
40. Explain how a malfunctioning laryngoscope may be fixed. *Be sure blade & handle are attached properly, tighten bulb, change batteries, change bulb, change blade, change handle*
41. How does the technique differ between the use of a straight and curved blade used during intubation. *Place straight blade under epiglottis and life. Place curved blade in vallecula and lift.*
42. Describe the correct head position for intubation. *Head elevated with towels or pillow and slightly extended (sniffing)*
43. What is the Selleck Maneuver and when is it indicated? *It is also known as cricoid pressure and it is used during intubation to help visualize the cords and during bag & mask ventilation to prevent gastric distention & vomiting*
44. What size ET tubes should be used on Adults? *Rule of thumb states use a tube the same size as the patient’s baby finger OR use a chart OR calculate. Adult men 8 – 9mm and adult women 7 – 8 mm*