**INDICATIONS**

Unconscious, apneic, or near apneic, patients without a gag reflex.

**PROCEDURE**

* 1. Place patient in correct position.
  2. Hyperoxygenate patient with BVM ventilations with adequate tidal volume and rate for 1-3 mins with 100% oxygen, avoid hyperventilation
  3. Apply cricoid pressure as needed to prevent passive regurgitation.
  4. Instruct partner to place patient on cardiac and pulse oximeter monitors.
  5. Select a proper ETT.
  6. Insert stylet.
  7. Select proper sized blade and visualize landmarks (Epiglottis, posterior notch, vocal cords).
  8. Suction as needed.
  9. Insert ETT 2-3 cm past the cords under direct visualization.
  10. Attempts should be limited to a fall in HR or Pulse Ox. or 30 seconds per attempt.
  11. Hyperoxygenate between attempts.
  12. Remove stylet, inflate cuff and bag ventilate.
  13. Confirm position with at least three of the following methods (one method needs to be mechanical):
      + Direct endotracheal visualization
      + Video Laryngoscopy, if available
      + Esophageal intubation detector
      + Absence of epigastric sounds
      + Presence of bilateral breath sounds
      + Equal chest rise
      + Misting or fogging in the ETT
      + CO2 detection device
  14. Secure the tube. (Consider cervical collar to prevent extubation).
  15. Reassess tube placement after each patient movement (may be done with CO2 detection device).
  16. If any doubt about proper placement, use direct visualization to confirm.