

Insertion of Esophageal Combitube (ETC Airway)

Student's Name: _____

Date: _____

√	Performance Step(s)	Comment(s)
	Take BSI precautions.	
	Position yourself at the patient's head.	
	Airway should be cleared of any materials or fluids that might be obstructing the airway.	
	Assist ventilations as needed.	
	Assess the patient for proper age and size.	
	If needed, suction any materials and/or fluids that might be obstructing the airway.	
	Assemble and check equipment, noting any air leaks in the cuffs.	
	Lubricate the distal end of the tube.	
	Keep the patient supine, with the head in a neutral, in-line position.	
	Consider hyperventilation prior to performing insertion of the airway.	<i>Hyperventilation for 1 minute prior to insertion reduces the risk of hypoxia.</i>
	Perform a jaw-lift maneuver.	<i>If you suspect cervical trauma, do not hyperextend the head during insertion. You must use care in insertion of the combitube in patients that have sustained facial trauma.</i>
	Place the tube into the patient's mouth, and gently insert the airway. Do not force the tube.	<i>If you are aggressive during the insertion process, you can cause trauma, spasming, and swelling to the upper airways. This is very important in the suspected head trauma patient that could have fractures in the soft palate.</i>

	Insert the Combitube until the airway's black rings meet the level of the patient's teeth.	
	Using the large syringe, inflate the pharyngeal cuff with 100cc of air.	<i>Remove syringe after inflation.</i>
	Using the smaller syringe, inflate the distal cuff with 10 to 15cc of air.	
	Attach the BVM to tube #1, and slowly begin ventilations.	
	Place a stethoscope over the patient's stomach and auscultate for gurgling sounds.	
	If no sounds are heard, watch for chest rise and auscultate the chest for lung sounds bilaterally. Continue ventilations. If your tube is placed in the esophagus, consider hyperventilation for two minutes after insertion, and then resume normal ventilations.	<i>In this case the combitube has been placed into its usual position of the esophagus.</i>
	Note: If gurgling sounds are present and you do not see chest rise and/or can not hear breath sounds you are in the trachea.	
	Remove the BVM from tube #1 once you are convinced the tube is located in the trachea.	
	Slowly begin ventilations through tube #2.	
	Auscultate the stomach for gurgling sounds. Visualize the chest for chest rise and auscultate the chest for breath sounds bilaterally.	
	If there are NO epigastric sounds and if you see chest rise and/or hear breath sounds, continue ventilations.	<i>In this case the combitube has been placed into the trachea.</i>
	Consider hyperventilation for 2 minutes after insertion, and then resume normal ventilations.	
	Document procedure.	