



Endotracheal Introducer/Bougie

Clinical Indications:

Patients meet clinical indications for oral intubation
Initial intubation attempt(s) unsuccessful
Predicted difficult intubation

Contraindications:

Three attempts at orotracheal intubation (utilize failed airway protocol)
Age less than eight (8) or ETT size less than 6.5 mm

Endotracheal Introducer/Bougie Procedure:

1. Prepare, position and oxygenate the patient with 100% oxygen.
2. Select proper ET tube without stylet, test cuff and prepare suction.
3. Load the Bougie on to the ETT and lubricate the distal end and cuff of the endotracheal tube (ETT) and the distal 1/2 of the Endotracheal Tube Introducer (Bougie) Failure to lubricate the Bougie and the ETT may result in being unable to pass the ETT.
4. Using laryngoscopic techniques, visualize the vocal cords if possible using cricoid pressure as needed.
5. Introduce the Bougie with curved tip anteriorly and visualize the tip passing the vocal cords or above the arytenoids if the cords cannot be visualized.
6. Once inserted, gently advance the Bougie until you meet resistance or "hold-up" (if you do not meet resistance you have a probable esophageal intubation and insertion should be re-attempted or the failed airway protocol implemented as indicated).
7. While maintaining a firm grasp on the proximal Bougie, introduce the ET tube over the Bougie passing the tube to its appropriate depth.
8. If you are unable to advance the ETT into the trachea and the Bougie and ETT are adequately lubricated, withdraw the ETT slightly and rotate the ETT 90 degrees COUNTERclockwise to turn the bevel of the ETT posteriorly. If this technique fails to facilitate passing of the ETT you may attempt direct laryngoscopy while advancing the ETT. This will require an assistant to maintain the position of the Bougie and, if so desired, advance the ETT.
9. Once the ETT is correctly placed, hold the ET tube securely and remove the Bougie.
10. Confirm tracheal placement according to the intubation protocol, inflate the cuff with 3 to 10mL of air, auscultate for equal breath sounds and reposition accordingly.
11. When final position is determined secure the ET tube, reassess breath sounds, apply ET CO2 monitor, and record and monitor readings to assure continued tracheal intubation.

Bougie ET introducer

