

# Virginia Beach Department of Emergency Medical Services

## Supplementary Protocol

### Endotracheal Tube Introducer (BOUGIE)

#### Protocol Statement

The Endotracheal Tube Introducer (BOUGIE) is a firm but elastic disposable guide used to intubate the trachea. This device is used as an aid to facilitate successful orotracheal intubation.

#### Applicability

All Virginia Beach Department of EMS (DEMS) affiliated RSI paramedics, who have been trained and authorized to use the BOUGIE by the DEMS.

#### Indications

Patient must meet clinical indications for oral intubation and initial intubation attempts have been unsuccessful and/or those patients who are predicted to be a difficult intubation.

#### Contraindications

1. Three failed attempts at orotracheal intubation
2. Age less than eight (8) or ETT size less than 6.5mm

#### Procedure

1. Prepare, position and oxygenate the patient with 100% oxygen;
2. Select proper ET tube without stylet, test cuff and prepare suction;
3. Lubricate the distal end cuff of the ETT and the distal ½ of the BOUGIE;
4. Using laryngoscopic techniques, visualize the vocal cords if possible using Sellick's 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 reattempted);
7. Withdraw the BOUGIE only to a depth sufficient to allow loading of the ETT while maintaining proximal control of the Bougie;
8. Gently advance the Bougie and loaded ETT until you have "hold-up" again, thereby assuring tracheal placement and minimizing the risk of accidental displacement of the BOUGIE;
9. While maintaining a firm grasp on the proximal BOUGIE, introduce the ETT over the BOUGIE, passing the ETT to its appropriate depth;
10. 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 COUNTER clockwise 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);
11. Once the ETT is correctly placed, hold the ETT securely and remove the BOUGIE;
12. Confirm tracheal placement and secure according to ETT protocols and/or training.