



SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 1110-D

SUBJECT: INFREQUENTLY USED SKILLS – VERIFICATION OF MAINTENANCE

ESOPHAGEAL TRACHEAL AIRWAY DEVICE ANNUAL SKILLS VERIFICATION

NAME _____ DATE _____

ALS AGENCY _____ EVALUATOR _____

OBJECTIVE: The candidate will demonstrate the ability to correctly place an esophageal tracheal airway device, and ventilate within an acceptable time frame.

EQUIPMENT: Adult intubation manikin, esophageal tracheal airway device, appropriate syringes, tape or tube holder, stethoscope, BVM, End tidal CO₂ detection device, lubricant appropriate for manikin, appropriate PPE.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an intubation manikin on which ventilation is being performed with a BVM and an OPA is already in place. An EMT trained rescuer is available to assist with ventilating the patient. The candidate will correctly place the esophageal tracheal airway device and ventilate the patient.

EVENT	DOES	DOES NOT
1. States the proper size of tube to use for the patient <ul style="list-style-type: none">• 37 FR for patients 4 - 5ft• 41 FR for patients \geq 5 ft		
2. States or demonstrates the use of appropriate PPE		
3. Ensures patient is pre-oxygenated with 100% oxygen		
4. Checks / prepares airway device <ul style="list-style-type: none">• Inflates both cuffs and checks for leaks		
5. Lubricates distal tip of the device (may be verbalized)		
6. Positions the head properly (neutral or slightly flexed position)		
7. Performs a tongue-jaw lift		
8. Inserts airway device mid-line orally to depth so printed ring is at level of teeth		
9. Inflates pharyngeal cuff with 100cc of air and removes syringe		
10. Inflates distal cuff with 10-15cc of air and removes syringe		
11. Attaches BVM to the first (esophageal placement) lumen and ventilates. Confirms placement and ventilation by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung		

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EVENT	DOES	DOES NOT
12. If lung sounds are present, and no sounds heard over epigastrium, continues ventilating through this lumen		
13. If no lung sounds are audible, and epigastric sounds are heard, switches the BVM to the other lumen and ventilates		
14. Confirms placement and ventilation by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung		
15. Confirms tube placement with Capnography or CO ₂ detection device		
16. Properly secures airway device using tape or tube holder		