

## ► Endotracheal Tube Introducer (Bougie)

The flexible endotracheal tube introducer is a useful adjunct which can be used on any intubation. It is particularly helpful when vocal cord visualization is anticipated to be difficult (e.g. short neck, limited neck mobility, spinal immobilization). A two-person or a one-person technique can be used. Do not force introducer as it can potentially cause tracheal or pharyngeal perforation. The introducer cannot be used in endotracheal tubes smaller than 6.0.

1. Two-Person Technique (recommended when visualization is less than ideal)
  - a. Using laryngoscope, visualize as well as possible
  - b. Place stylet just behind the epiglottis with the bent tip anterior and midline
  - c. Gently advance the tip through the cords, maintaining anterior contact
  - d. Use stylet to feel for tracheal rings
  - e. Advance stylet black mark past teeth to feel for the carina. If no stop felt, remove as stylet is in esophagus, and retry.
  - f. Withdraw the stylet to align the black mark with the teeth.
  - g. Have assistant load and advance ETT tip to the black mark
  - h. Have assistant grasp and hold steady the straight end of stylet
  - i. Advance endotracheal tube while maintaining laryngoscope position
  - j. At glottic opening turn endotracheal tube 90 degrees counterclockwise to assist passage over arytenoids
  - k. Advance endotracheal tube to appropriate position
  - l. Maintaining endotracheal tube position, withdraw stylet
2. One-Person Technique or Pre-loaded technique (recommended when visualization better but cords too anterior to pass tube). Can be used, by paramedic choice, for any intubation.
  - a. Load stylet into endotracheal tube with bent end approximately 10 cm past distal end of tube
  - b. Pinch the endotracheal tube against the stylet
  - c. With bent tip anterior, visualize cords and advance stylet through cords
  - d. Maintain laryngoscope position
  - e. When black mark on stylet is at the teeth, ease grip to allow tube to slide over the stylet. If available, have an assistant stabilize the stylet.
  - f. At glottic opening, turn endotracheal tube 90 degrees counter-clockwise to assist passage over the arytenoids.
  - g. Advance endotracheal tube to appropriate position
  - h. Maintaining endotracheal tube position, withdraw stylet