# CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD
## Clinical Review and Training

### Combitube® Guideline

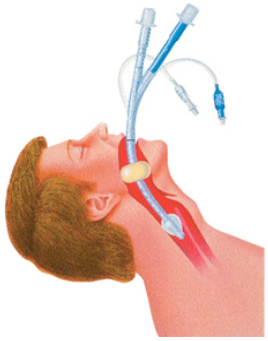
**Indications:** Provides alternative method for administering sufficient ventilation when endotracheal intubation with conventional ETT tube may not be successful.

**Contraindications:**

- Responsive or semi-responsive patients with an intact gag reflex
- Patients with known esophageal disease
- Patients who have ingested caustic substances
- Patients less than 4 feet in height

**Procedure:** **Skill Level: B, E, I/P**

1. Assemble and check the Combitube to make sure it is working properly.
2. Lubricate the tube with a water-soluble lubricant.
3. Place the patient's head into a neutral position and open airway manually using the head-tilt/chin-lift or jaw-thrust maneuver.



4. Lift the tongue and lower jaw anteriorly, away from the posterior pharynx.
5. Hold Combitube in dominant hand in same direction as natural curvature of pharynx.
6. Insert the tip into mouth and advance gently until printed ring is aligned with teeth or alveolar ridges. **Do not force the device**.
7. Inflate blue pilot balloon (No. 1) with 100 ml of air using 140 ml syringe.
8. Inflate white pilot balloon (No. 2) with 15 ml of air using 20 ml syringe. The Combitube may move forward slightly, but this is normal.
9. Begin ventilation through blue connecting tube. Observe the patient's chest and listen for lung sounds. If the chest rises and falls and breath sounds are heard, the Combitube is in the esophagus. When this is the case, continue to ventilate through the blue tube.
10. If the chest does not rise and breath sounds are not heard, then the Combitube is in the trachea. In this case, attach the BVM to the white connecting tube and ventilate. Observe the patient's chest and listen for lung sounds.
11. Confirm lung sounds in both axillae and the apices. Listen over the stomach as well.
12. Continue to ventilate the patient with a BVM supplied with 100% oxygen.