

COMBITUBE SA Airway

ALS BLS Protocol

- ABCs
- Oxygen 100%
- Assist Ventilations, prn

Assemble & check equipment

Place the patient's head in a neutral position

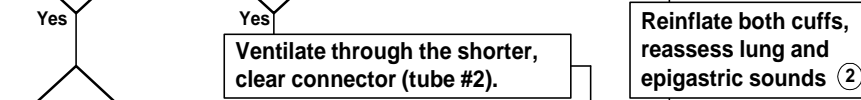
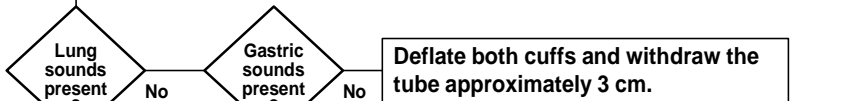
- **Jaw-Lift Maneuver**
- Insert device to the depth indicated by the markings on the tube. The black rings should be positioned between the patient's teeth.

Once the COMBITUBE SA is in place:
Inflate the pharyngeal cuff with 85 ml of air. ①

Inflate the distal cuff with 5-12 ml of air.

Begin ventilation through the longer, blue connector (tube #1).

Auscultate both lungs and the stomach



Continue ventilations through tube #1.

Confirm bilateral lung sounds & absence of gastric sounds.

Assist Ventilations
Reassess Airway Frequently
Transport ASAP

- Indications:**
- Endotracheal intubation cannot be performed
 - Attempts at endotracheal intubation have been unsuccessful
 - Direct visualization of the larynx is inhibited by profuse bleeding

- Contraindications:**
- Less than 4 feet tall
 - Patients with a gag reflex
 - Patients with known esophageal disease or alcoholism (possibility of esophageal varices exists)
 - Patients who have ingested a caustic substance

Reinflate both cuffs, reassess lung and epigastric sounds ②

- Document:**
- Tube Markings at Teeth
 - SpO2
 - Respiratory Status Before and After Treatment
 - Lung & Gastric Sounds
 - Skin Color
 - Indications for Use
 - Absence of Gag Reflex
 - Patient's Age, Height

1 This seals the device in the posterior pharynx behind the hard palate. More air may be added to the pharyngeal cuff if an inadequate seal is detected during ventilation.

2 At NO time should the patient's airway or ventilatory status be compromised. If placement is unsuccessful, remove the device and return to oropharyngeal airway and assist via bag-valve-mask.

NOTE: This protocol is ONLY to be used with the Combitube SA and does NOT apply to the STANDARD Combitube.