A. Introduction

1. This procedure will be followed to verify correct tube placement during ALL field intubations including oral-tracheal and naso-tracheal intubations. The tube placement will be assessed immediately following insertion, after the patient is moved, and periodically throughout the management of the patient.
2. If there is any indication of esophageal intubation at any time, the tube will be removed and the patient ventilated for 1-2 minutes. An attempt at re-intubation can then be performed.
3. Documentation of tube placement in the ePCR will be done during any attempt (successful or unsuccessful), periodically throughout transport, any significant change in patient status and upon release to another unit or hospital.

B. Procedure

ALS

1. Attach the capnographer in-line with the BVM to obtain an initial ETCO2 and waveform to verify proper placement during ventilations. Document in the ePCR an initial ETCO2 as early as possible as well as the ETCO2 upon release of the patient.

2. If the capnographer is unavailable, attach the TubeChek-B®. Rapid bulb inflation (<30 seconds) supports the assessment of endotracheal intubation.

NOTE: The TubeChek-B® may not be reliable if utilized on patients who have significant gastric distension, have been previously ventilated through an ET tube, or who have received prolonged BVM ventilation.

3. Ventilate through the tube and observe for symmetrical chest rise.

4. Auscultate the following areas:
   a) Over the epigastrium (upper left quadrant).
   b) Over the right then left anterior bases; along the mid-axillary line at the 7-8th ICS.
   c) Over the right then left apices; midway between the suprasternal notch and the 4th ICS.

5. Note the lung compliance. The bag should be relatively easy to compress during ventilations.

6. Upon confirmation of the tube placement, note the cm. mark of the proximal end of the tube as compared to the front teeth. This will be documented in the ePCR upon initial intubation and release to hospital.

7. Attempt to obtain and document a pulse oximetry reading. Readings may be inaccurate or difficult to obtain in patients with poor peripheral perfusion.

8. Upon hospital release, and after documentation has been finished, complete a LifePak Data Transfer with the ePCR (**Procedure 40**). These data transfers are required by law.