



Airway: Video Laryngoscopy Glidescope

Clinical Indications:

- Patient requires advanced airway.

A	AEMT	A
P	PARAMEDIC	P

Procedure:

1. Preoxygenate the patient and use in conjunction with procedure ASP - 6.
2. Select the appropriate ETT size and GlideRite Rigid Stylette for the patient. Ready suction.
3. Power on GildeScope and allow 30 seconds for anti-fog mechanism to warm.
4. Using GlideScope visualize the vocal cords and facilitate the intubation:

In the mouth: looking directly into the patient's mouth and with the VL blade in left hand, introduce GlideScope VL into the midline of the oral pharynx.
Look into the mouth to prevent soft tissue damage.

At the screen: With GlideScope VL inserted, look to monitor to identify the epiglottis, then manipulate the scope to obtain the best glottic view.

In the mouth: Looking directly into the patient's mouth, not at screen, carefully guide the distal tip of the ETT into position near the tip of the GlideScope VL.
Insert the ETT behind or adjacent to the VL blade.

At the screen: Look to the monitor to complete tracheal intubation. Gently rotate or angle the ETT to redirect as needed.

Avoid excessive lifting or pushing of the glottis with the VL blade.

Reducing the elevation applied to the VL blade may facilitate intubation.

Advance the ETT while simultaneously withdrawing the stylette with the thumb.

Withdraw the stylette approximately 5 cm (2 inches).

Do not insert the stylette into the larynx during intubation – this will prevent passing into the glottis.

Secure and verify the proper ETT placement.



5. Auscultate for breath sounds and sounds over the epigastrium and look for the chest to rise and fall.

6. Secure the ETT tube with tape or mechanical tube holder.

7. **Confirm tube placement using end-tidal CO₂ detector.**

8. **End-tidal (EtCO₂) monitoring is mandatory following placement of an endotracheal tube.**

12. **Complete the Airway Evaluation Form.**

Certification Requirements:

- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System. Assessment should include direct observation at least once per certification cycle.