



Airway: Video Laryngoscopy McGRATH™

Clinical Indications:

- Patient requires advanced airway.

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| A | AEMT | A |
| P | PARAMEDIC | P |

Procedure:

1. Position patient in the sniffing position and preoxygenate.
2. Select the appropriate size disposable McGRATH™ MAC blade or MAC X3 blade (size 3 only) and secure on to the rigid, non-disposable blade. Ready suction.
3. Select and prepare the appropriate ETT size with stylet.
 - **Using the MAC Blade:** utilize a stylet or bougie.
 - **Using the MAC X3 Blade:** utilize a stylet ONLY. The stylet must be shaped to ensure the tip is formed to match the curvature of the X3 blade while keeping the shaft of the stylet straight for optimal maneuvering.
4. Power on McGRATH™ Video Laryngoscope using button on left side of the handle.
5. **Using the MAC Blade:**
 - Introduce into the right side of the oropharynx in a fashion similar to the traditional direct laryngoscopy with the MacIntosh blade. Advance the blade, sweeping the tongue to the left to align tip of the blade into the vallecula. Once the epiglottis is visualized on the screen, lift upward as you would with direct laryngoscopy until you can appropriately visualize the vocal cords.
 - Place the tip of the tube in the right side of the mouth and advance gently while continuing to visualize vocal cords on the screen. Once ETT advances past vocal cords and is in place, remove the McGRATH™, inflate the cuff and connect ETCO2.
- Using the MAC X3 Blade:**
 - Taking a midline approach, place the tip of the blade against the tongue and advance in to the mouth while keeping the inferior surface of the blade against the surface of the tongue. Once the epiglottis is visualized, slightly tilt the blade back with minimum pressure if needed until the vocal cords can be visualized on the screen.
 - Introduce the ETT tube on the right side of the patient's mouth at a 90° angle from the handle of the McGRATH™, slowly rotating until the tip of the ETT is visualized on the screen. Advance the tip of the ETT past the vocal cords and gently slide the ETT down and off of the stylet. Roll the stylet forward and remove from the ETT. Once ETT is in place, remove the McGRATH™, inflate the cuff and connect ETCO2.
6. Provide ventilations and auscultate over the epigastrium and lung sounds.
7. Verify proper ETT placement and secure the ETT with tube holder or tape.
8. **End-tidal (EtCO2) monitoring is mandatory following placement of an endotracheal tube.**
9. **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.