

Subject: Scope of Practice/Procedure – ALS  
Combitube Airway Protocol

Associated Policies: 5303, 5402, 6504

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- I. Indications
  - A. Adult patient who is unconscious with absent gag reflex that is apneic or has inadequate ventilations who cannot be orally intubated.
- II. Contraindications
  - A. Patient who appears under sixteen (16) years old.
  - B. Patient under five (5) feet tall.
  - C. Known esophageal disease (cancer, varices, surgery, etc.)
  - D. Ingestion of caustic substance.
  - E. Suspected narcotic overdose prior to administration of Naloxone.
- III. Equipment
  - A. Combitube Airway.
  - B. 100+ cc syringe for inflation of pharyngeal cuff.
  - C. 20cc syringe for inflation of distal cuff.
  - D. Water soluble lubricant.
  - E. Stethoscope.
  - F. Portable suction device.
- IV. Insertion Procedure
  - A. Inflate each cuff and check for leaks, apply emesis diverter to Tube #2.
  - B. Deflate cuffs.
  - C. Apply water soluble lubricant to distal end of tube.
  - D. Preoxygenate patient with BVM.
  - E. Place patient's head in a neutral position.
  - F. Grab lower jaw and lift upward.
  - G. Insert tube, advance until teeth/gums are between black rings on tube.
  - H. Inflate pharyngeal cuff (Port #1 with blue pilot balloon) with 100cc of air.
  - I. Inflate distal cuff (Port #2 with white pilot balloon) with 15cc of air.
  - J. Ventilate through Tube #1.
  - K. Assess ventilation:
    - 1. Rise and fall of the chest.
    - 2. Bilateral lung sounds.
    - 3. Gastric auscultation.
  - L. If CHEST RISE is PRESENT and GASTRIC SOUNDS are ABSENT:
    - 1. Secure tube.
    - 2. Verify placement.
    - 3. Continue ventilation.
  - M. If NO CHEST RISE and GASTRIC SOUNDS are PRESENT
    - 1. Remove the emesis diverter and ventilate on Tube #2.
    - 2. Assess ventilation as above.

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- N. If UNABLE to CONFIRM PLACEMENT via EITHER TUBE
  - 1. Remove Combitube.
  - 2. Continue ventilations with mask.
- V. Special Information
  - A. The Combitube will enter the esophagus 85% of the time, so inflation with Tube #1 is ordinary.
  - B. If ventilation is through Tube #2 then the tube is in the trachea and Tube #2 may be used for medication administration and suctioning just as if it were an ordinary ET tube.
  - C. The Combitube must be removed in order to re-attempt endotracheal intubation.
  - D. An intubation attempt should not take longer than thirty (30) seconds.
  - E. Removal of the Combitube should be accomplished with the patient on their side and suction immediately available.
  - F. If resistance is met when advancing the tube, then the attempt should be discontinued.

Approved: 

Approved as to Form: 