

Al Mustaqbal University

College of Health and Medical Techniques

Department of Anesthesia



Practical Anesthesia

Stage Two

Lecture 1

Endotracheal intubation



By Lectures

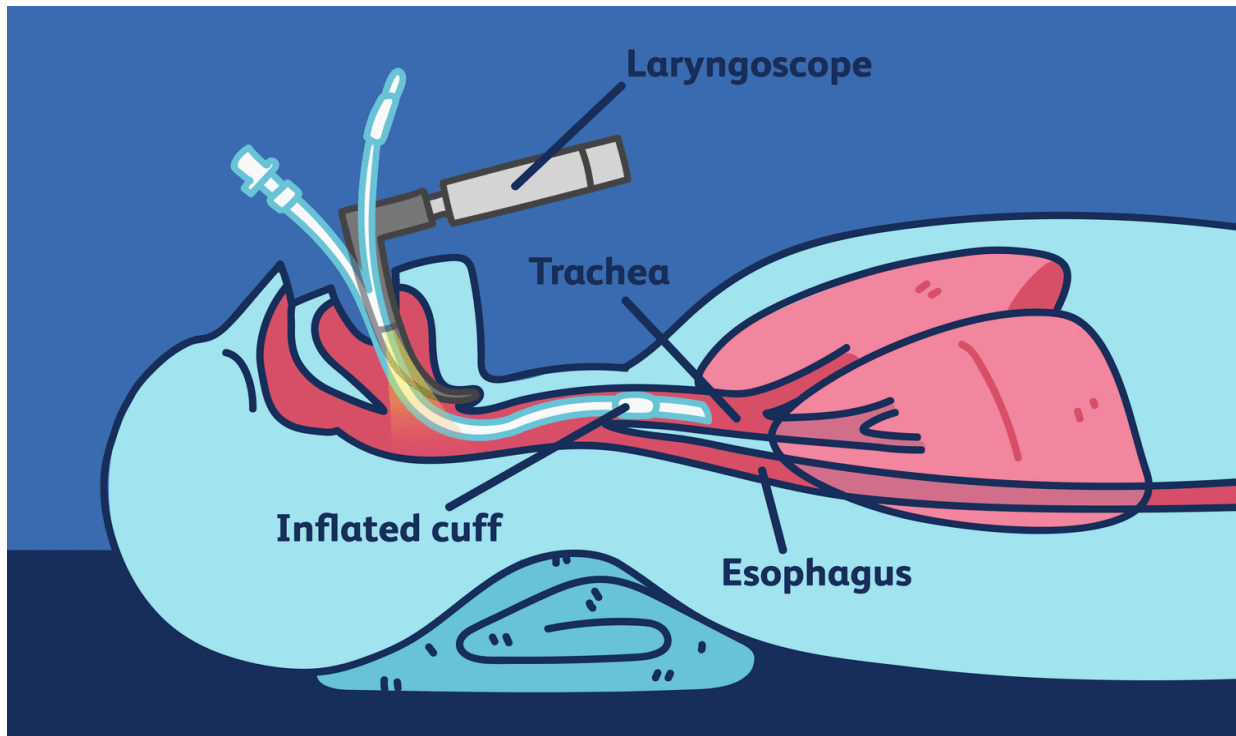
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Endotracheal intubation

Endotracheal intubation is a medical procedure in which a tube is placed into the (Trachea) through the mouth (Orotracheal intubation) or nose (Nasotracheal intubation).

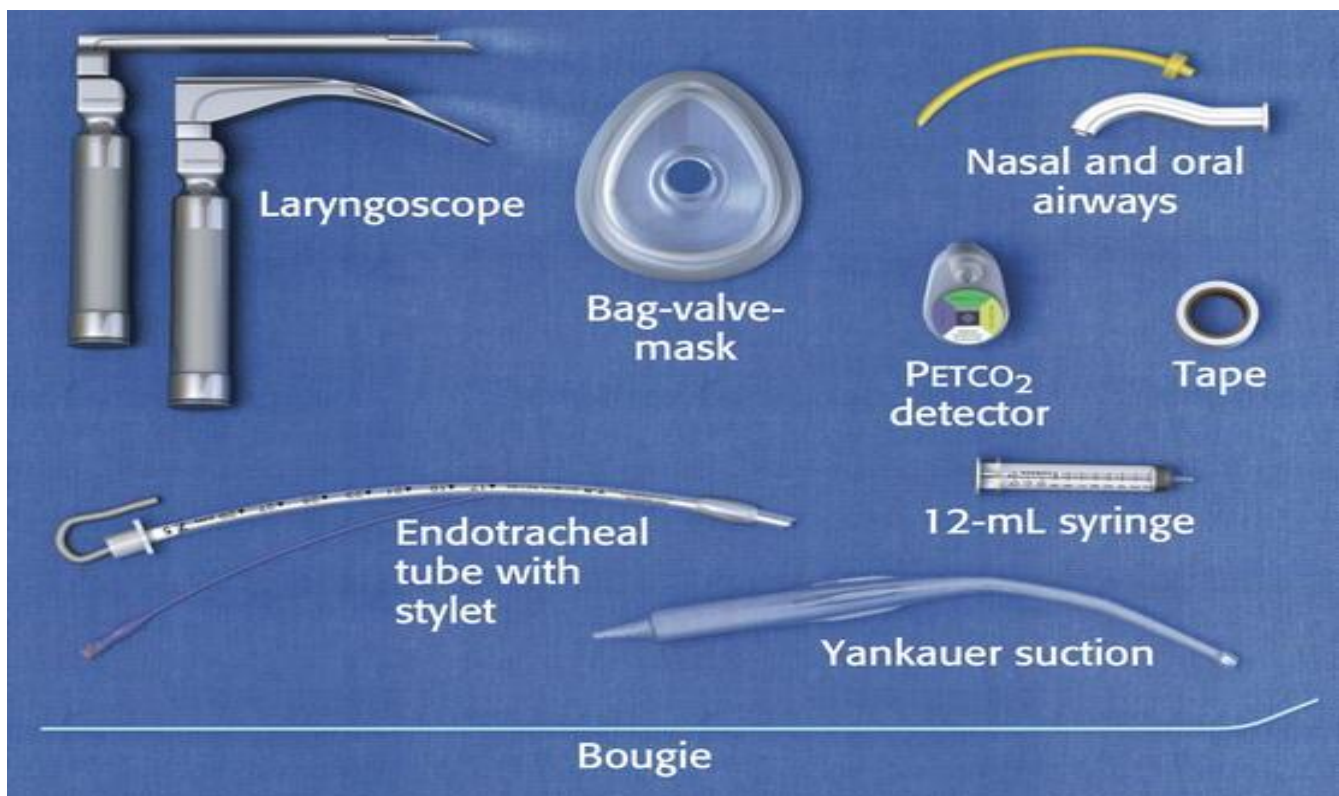


Indications of intubation

1. Inability to protect the airway against aspiration.
2. When muscle relaxation is required (e.g. abdominal surgery).
3. When IPPV is required (e.g. respiratory disease, prolonged surgery).
4. The bag and mask are ineffective.
5. CPR.

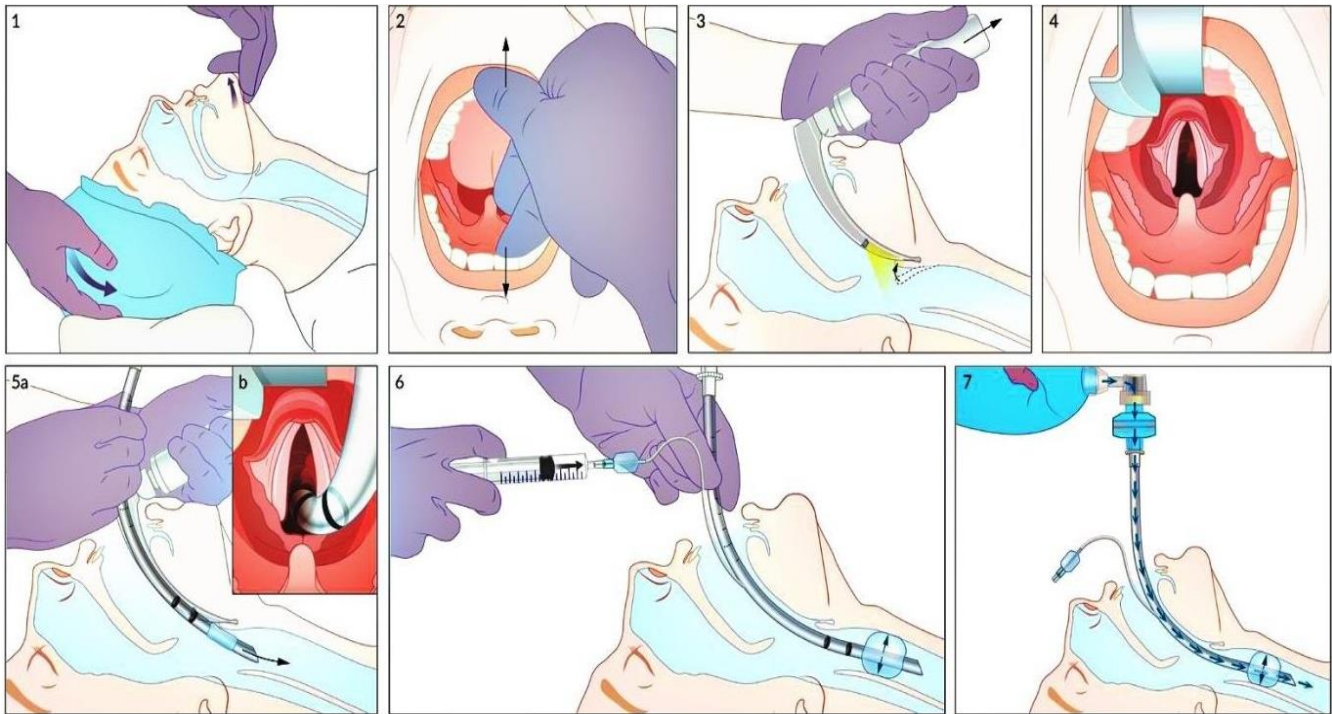
Equipment is prepared before the procedure

1. Face mask with an oxygen source.
2. Laryngoscopes (direct and video).
3. Several ETTs of different sizes with available styles and bougies.
4. Syringe for cuff inflation, stethoscope, and tape.
5. Pulse oximeter and CO₂ detection (capnographic).



The procedure of orotracheal intubation

1. Preoxygenation with 100 % oxygen for 3 - 5 min before intubation (to denitrogenate and maximum oxygen storage).
2. The tip of a curved blade (Macintosh) is usually inserted into the vallecula.



Confirming placement of endotracheal tube

1. Chest movement.
2. Direct visualization.
3. Auscultation of breath sounds by stethoscope.
4. End-tidal CO₂ (capnographic).
5. Vapor within the tube during expiration.

Complications of endotracheal intubation

1. Malpositioning (esophageal or bronchial intubation).
2. Teeth damage.
3. Laryngeal injury as well as vocal cord paralysis.

4. Laryngospasm.
5. Tachycardia
6. Hypertension.
7. Hypoxia.

Note:

- + Size 7–8 for men, 6–6.5mm for women, when we used IPPV.
- + The average suitable length is 20–21 cm in women and 22–23 cm in men.

THANK
YOU