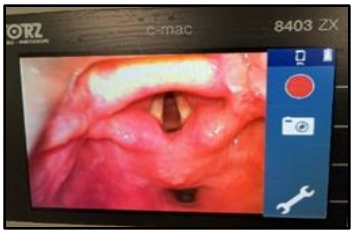
Unrecognised oesophageal intubation tea trolley handout

1. Check capnography waveform is present **during pre-oxygenation.**
2. Use **'precision laryngoscopy'** and verbalise what you see during laryngoscopy.

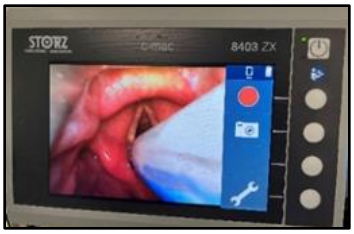
   Identify all three of:
   - epiglottis
   - arytenoids
   - vocal cords



3. Perform **2-person 2-step intubation check** with intubating assistant

   STEP 1: together confirm that you can see the tracheal tube…
   ….passing through the vocal cords
   ….positioned anterior to the arytenoids

   STEP 2: together confirm that you see 7 capnography 'top hats' = 'sustained exhaled CO_2'



7

CO_2 rises and falls with ventilation
CO_2 'top hats' sustained over 7 breaths
CO_2 >1kPa
CO_2 trace clinically appropriate

- If tracheal tube placement NOT confirmed → remove tube → 'safe place' (FM//supraglottic airway)
- If unsafe to remove tube → repeat videolaryngoscopy & confirm tracheal rings with bronchoscope
- If tube still in place & patient hypoxic → re-evaluate: in almost all circumstances remove tracheal tube
- NOTE - capnography more accurate than clinical signs (tube 'misting', chest rising & auscultation)

4. Use CUSS **graded assertiveness tool**

Concern **U**ncomfortable un**S**afe **S**top

Intubation team: **'speak up'**
Intubator: **'listen down'**

Be prepared to accept that you could be wrong

Tea Trolley Training

NHS
Royal United Hospitals Bath
NHS Foundation Trust