



Madison County EMS



Endotracheal Tube Introducer (Bougie) Guideline

The bougie, often called a gum elastic bougie (GEB), is a long, flexible stylet which is introduced through the glottic opening before the ETT, whether visualization of the vocal cords can be achieved or not. The distal end is curved upward, and there are markings at 10 cm intervals to measure ETT insertion depth. This shape and size of the GEB are designed to be easier to place in the trachea than the ETT when faced with a difficult airway. The following guideline is meant to facilitate the use of this highly efficient and easy-to-use difficult airway tool.

Indications:

1. Unsuccessful intubation attempts
2. Predicted difficult intubation

Contraindications:

1. Age less than eight (8)
2. ETT size less than 6.5 mm

Procedure:

1. Select proper ETT without stylet, test the cuff and prepare suction.
2. Lubricate the distal end and cuff of the ETT and the distal ½ of the bougie (note: Failure to lubricate the Bougie and the ETT may result in failure)
3. Visualize the vocal cords using laryngoscopy and introduce the bougie with curved tip anteriorly. The tip should be seen passing through the vocal cords or above the arytenoids if the cords cannot be visualized.
4. Once inserted, gently advance the bougie until you meet resistance ("hold-up") or movement of the tip on the tracheal rings ("washboard"). If resistance is not met and/or tracheal rings are not felt then a probable esophageal intubation has occurred and insertion should be attempted again.
5. Once the tip has been properly placed, a second provider should be used to load the ETT and hold proximal control of the bougie to keep it in the trachea while the operator is still holding laryngoscopic pressure.
6. Gently advance the bougie and loaded ETT until you feel hold-up or tracheal rings again, thereby assuring proper placement.
7. While maintaining a firm grasp on the proximal bougie, slide the ETT over the bougie to the appropriate depth.
8. If you are unable to advance the ETT into the trachea and the bougie and ETT are adequately lubricated, withdraw the ETT slightly and rotate the ETT 90 degrees COUNTER-clockwise to turn the bevel of the ETT posteriorly. If this technique fails, direct laryngoscopy while advancing the ETT might be necessary (this will require an assistant to maintain the position of the bougie and advance the ETT)
9. Once the ETT is correctly placed, hold it securely and remove the bougie.
10. Confirm tracheal placement with all pertinent methods, secure tube, and reassess frequently.