

## Airway and ventilation

# PERFORMING INTUBATION

Intubation is a specialized skill, but the likelihood of success can be greatly improved by optimizing intubating conditions.

**Factors to optimize intubation success include**



Positive end-expiratory pressure (PEEP)



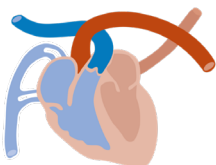
Airway augmentation



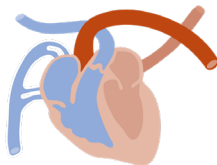
Positioning

Good preoxygenation, using the principles of PEEP, airway augmentation, and upright positioning, will prolong apnea tolerance and the time until desaturation, providing more time for laryngoscopy. Assisted ventilation between frequent—brief—intubation attempts may improve the likelihood of success.

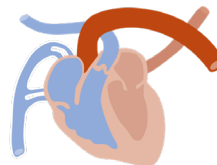
Awareness of the hemodynamic effects of positive pressure ventilation and the effects (e.g., on blood pressure) of certain medications used during intubation is an important consideration.



Decreased preload



Increased right ventricle afterload



Decreased left ventricle afterload



In most cases, intubation can be delayed at least a few minutes until a patient is better resuscitated, in order to decrease the likelihood of peri-intubation arrest. This may involve the administration of blood product or IV fluid, treatment with vasopressors or inotropic medications, or improved preoxygenation.

