

Department:	Maternal Intensive Care Unit		
Document:	Multidisciplinary Policy and Procedure		
Title:	Endotracheal Intubation in Maternal Patient		
Applies To:	All MICU Staff and Respiratory Staff		
Preparation Date:	January 12, 2025	Index No:	ICU-MPP-008
Approval Date:	January 26, 2025	Version :	2
Effective Date:	February 26, 2025	Replacement No.:	ICU-DPP-008(1)
Review Date:	February 26, 2028	No. of Pages:	2

1. PURPOSE:

- 1.1 To provide guidelines for endotracheal intubation.

2. DEFINITIONS:

- 2.1 **Endotracheal Intubation** – Insertion of a tube into the trachea either orally or nasally.
- 2.2 **Laryngoscope** – a hollow tube equipped with electrical lighting, used to examine or operate upon the interior of the larynx through oral cavity.
- 2.3 **Endotracheal Tube** – a tube that inserted into the trachea through the mouth or nose in order to maintain an open air passage or to deliver oxygen or to permit the suctioning of mucus or to prevent aspiration of the stomach contents.

3. POLICY:

- 3.1 Endotracheal intubation that requires pre – anesthetic medication, only done by anesthetist.
- 3.2 All steps are performed by qualified MICU physician/Anesthesia physician who has clinical privileges.
- 3.3 A qualified nurse/Respiratory therapist helps the operator in preparing the equipment and positioning of the patient.
- 3.4 All personnel performing endotracheal intubation shall examine the patient and the equipment themselves. Crash Cart with defibrillator must be readily available at patient bed side before intubation.

4. PROCEDURE:

- 4.1 Explain the procedure and obtain written informed consent for the procedure from the patient or the patient's delegate / family except in emergency/life – saving endotracheal intubation consent is not needed.
- 4.2 Assemble for continuous monitoring: ECG, BP cuff, pulse oxymeter.
- 4.3 Arrange and assess for equipment – laryngoscope and light, endotracheal tube (ETT), ETT cuff for leak, stylet, oral, and nasopharyngeal airways, Ambu bag with mask, humidified O2 delivery system and suction catheters with set-up.
- 4.4 Endotracheal tube size 7.0 to 8.0mm ID as per patient weight
- 4.5 Assess patency of airways.
- 4.6 Make position: patient should be lying in "morning sniffing" position.
- 4.7 Give sedatives and analgesic agent and assess for the effect.
- 4.8 Oxygenate well with Ambu bag ventilation.
- 4.9 Intubate the patient with endotracheal tube.
- 4.10 Perform lung and abdominal auscultation post-intubation.
- 4.11 Order chest x-ray (CXR) establish by x-ray that ETT tip level should be 2-3 cm above carina level.
- 4.12 Write the procedure note and document the result and findings in patient medical record.
- 4.13 Arterial Blood Gas.

5. MATERIAL AND EQUIPMENT:

- 5.1 Crash cart with Defibrillator
- 5.2 Laryngoscope and light
- 5.3 Endotracheal Tubes (ETT) of various size with Stylet
- 5.4 Oral and nasopharyngeal airways
- 5.5 Ambu bag with mask
- 5.6 Humidified O₂ delivery system
- 5.7 Suction Catheters

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse
- 6.3 Respiratory Therapist

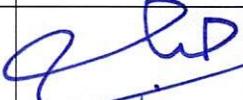
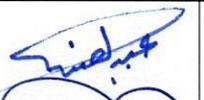
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Guidelines for Adult ICU Care/ Ministry of Health, General Directorate of Health Centers- Riyadh, 2013

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Doha Al Anizi	Maternal Intensive Care Unit Head Nurse		January 12, 2025
Prepared by:	Dr. Mogahid Mohammed Ali	Maternal Intensive Care Unit Quality Coordinator		January 12, 2025
Reviewed by:	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 14, 2025
Reviewed by:	Mr. Hassan AlDhakil	Head of Respiratory Care Service		January 14, 2025
Reviewed by:	Dr. Abdelghany Ibrahim	Head of the Department Anesthesia		January 15, 2025
Reviewed by:	Mr. Abdulelah Ayed Al - Mutairi	QM&PS Director		January 16, 2025
Reviewed by:	Dr. Tamer Naguib	Medical Director		January 19, 2025
Approved by:	Mr. Fahad Hezam Al - Shammari	Hospital Director		January 26, 2025