ENDOTRACHEAL TUBE MEDICATION ADMINISTRATION
EMMCO WEST ALS GUIDELINE

Criteria: The use of this technique is being dramatically downplayed by the AHA. This is not a very effective way of administering meds, but many paramedics have been taught to use this routinely for the initial meds during cardiac arrest. I would recommend deleting this as a protocol since it appears to validate the procedure, and we are considering leaving most procedures out of the protocols. Otherwise, consider as a guideline only.

A. Any intubated patient, without IV access, for which the following medications are indicated:
   1. Xylocaine (Lidocaine)
   2. Epinephrine
   3. Atropine
   4. Naloxone (Narcan)

B. Intravenous administration is preferred over endotracheal administration in all instances. Endotracheal medication administration should only be used when previous attempts at IV access have been unsuccessful.

Exclusion Criteria:

A. Patient with patent IV Access

B. Medication to be administered is not one of the four listed above.

Procedure:

A. Ascertain that the patient is properly intubated and is being well ventilated.

B. Determine the proper medication and amount to administer. Medications delivered by the endotracheal route should be doubled in dosage, and consider following dose by a 5ml saline flush.

C. Disconnect the bag-valve-mask from the distal end of the endotracheal tube and deliver the medication into the tube lumen. Alternately, some bag-valve-mask devices have a medication port that allows the medication to be delivered without interrupting ventilations or the medication can be injected through the wall of the tube.

D. Replace the BVM on the tube, and rapidly ventilate the patient several times to clear the medication from the tube.