

## SELF-ASSESSMENT – MODULE A-3: Intubation and Endotracheal Tube Management

1. List the primary features of an endotracheal tube.
  - a. **STANDARD 15 mm ADAPTER**
  - b. **PILOT BALLOON**
  - c. **HIGH-VOLUME, LOW-PRESSURE CUFF**
  - d. **DEPTH MARKINGS**
  - e. **RADIO-OPAQUE LINE**
  
2. List three indications for placement of an endotracheal tube:
  - a. **AIRWAY COMPROMISE**
  - b. **NEED TO PROTECT THE AIRWAY**
  - a. **RESPIRATORY FAILURE/ NEED TO MECHANICALLY VENTILATE**
  
3. List three complications of intubation that would occur at the time of intubation.
  - a. **FAILURE TO ESTABLISH A PATENT AIRWAY.**
  - b. **UNRECOGNIZED ESOPHAGEAL OR BRONCHIAL INTUBATION.**
  - c. **TRAUMA TO TEETH, EYES, UPPER AIRWAY, LARYNX, ESOPHAGUS, VOCAL CORDS, OR CERVICAL SPINE.**
  - d. **ARYTENOID DISLOCATION**
  - e. **ASPIRATION OF BLOOD, TOOTH, BULB, OR VOMIT.**
  - f. **AIRWAY STENOSIS, GRANULOMAS, NECROSIS, ULCERATION, OR RUPTURE.**
  - g. **PERFORATION OF ESOPHAGUS OR PHARYNX.**
  - h. **HYPOXEMIA, HYPERTENSION, TACHYCARDIA, BRADYCARDIA AND ARRHYTHMIA.**
  - i. **INCREASED INTRAOCULAR OR INTRACRANIAL PRESSURE.**
  - j. **LARYNGOSPASM OR BRONCHOSPASM**
  
4. List three disadvantages of endotracheal intubation.
  - a. **BYPASS OF NORMAL CONDUCTION, FILTRATION, PROTECTION, HUMIDIFICATION AND WARMING**
  - b. **LOSS OF ABILITY TO EFFECTIVELY COMMUNICATE**
  - c. **LOSS OF ABILITY TO PERFORM VALSALVA**

- RESULTING IN AN INEFFECTIVE COUGH AND DIFFICULTY WITH BOWEL HABITS.**
- d. **LOSS OF SENSE OF SMELL AND DECREASED SENSE OF TASTE**
5. What three things can be done if the light on a laryngoscope blade does not come on?
- a. **BE SURE BLADE IS FOR THAT HANDLE (REUSABLE, DISPOSABLE, FIBEROPTIC...).**
- b. **CHECK HANDLE ATTACHMENT (INSERTED PROPERLY & GOOD CONNECTION).**
- c. **TIGHTEN BULB.**
- d. **CHECK BATTERIES (CHARGED & IN CORRECTLY).**
- e. **CHANGE BLADES – MAY BE BROKEN .**
- f. **CHANGE BULB**
6. What does the mnemonic LEMON stand for?
- a. **LOOK EXTERNALLY**
- b. **EVALUATE THE 3-3-2 RULE**
- c. **MALAMPATTI**
- d. **OBSTRUCTION?**
- e. **NECK MOBILITY**
7. Where does the tip of each of the following blades lie when intubating?
- a. Miller: **LIFTS EPIGLOTTIS**
- b. Macintosh: **FITS INTO VALLECULA**
8. List three ways that endotracheal tube placement in the trachea can be verified and state which is the gold standard.
- a. **VISUALIZATION THE TIP OF TUBE PASSING THROUGH VOCAL CORDS.**
- b. **PALPATE AND VISUALIZE FOR SYMMETRICAL CHEST MOVEMENT**
- c. **VERIFY BILATERAL BREATH SOUNDS BY AUSCULTATION.**
- d. **AUSCULTATE EPIGASTRIUM TO VERIFY THERE ARE NO VENTILATION SOUNDS.**
- e. **OBSERVE CLINICAL IMPROVEMENT IN COLOR, HEART RATE, PULSE OXIMETRY.**

- f. **PASS A SUCTION CATHETER**
  - g. **SHOULD MEET RESISTANCE**
  - h. **MAY STIMULATE COUGH**
  - i. **CONDENSATE SEEN INSIDE THE  
ENDOTRACHEAL TUBE CORRESPONDING TO  
EXHALATION.**
  - j. **ESOPHAGEAL DETECTOR DEVICES**
  - k. **CO<sub>2</sub> DETECTORS**
  - l. Gold Standard: **CO<sub>2</sub> DETECTORS**
9. What is the depth of an endotracheal tube for each of the following:
- a. Male: **21-23 cm**
  - b. Female: **19-21 cm**
10. What level of pressure will impede blood flow in each area:
- a. Arterial: **30 mm Hg**
  - b. Venous: **20 mm Hg**
  - c. Lymphatic: **5 mm Hg**
11. Describe the minimal occlusive volume technique.  
**DURING POSITIVE PRESSURE VENTILATION, THE CUFF  
IS INFLATED WITH THE MINIMUM VOLUME OF AIR  
NEEDED FOR AIR LEAK TO STOP.**