The AEMT / Paramedic inserting or attempting to insert the Combitube will accompany the patient in the patient compartment of the ambulance; exceptions include the transfer of care to a paramedic, and mass casualty incidents.

**Indication:**
Apneic patient without a gag reflex

**Contraindications:**
1. Patient under the age of 16 years.
2. Patient under 5’0” or over 6’6” in height. (for patients under 5’0” there is a SA tube)
3. Ingestion of a caustic substance. “SA” for short adult
4. Severe oral facial trauma.
5. Esophageal disease.
6. Patient with a stoma.

**Procedure:**
1. Use basic precautions including gloves and goggles.
2. Hyperoxygenate patient before attempting placement.
3. Test equipment while patient is being oxygenated.
4. If basic airway is in place remove it; keep head in neutral or slightly flexed position.
5. With one hand, grab tongue/mandible and lift towards ceiling.
6. With the other hand place the Combitube so that it follows the natural curve of the pharynx.
7. Insert to the tip of the mouth and advance gently until such a depth that the incisors are between the two black lines.
8. Do Not Force. If the Combitube does not advance easily withdraw and reinset.
9. Inflate the blue tube balloon with 100 cc of air. Inflate the white tube balloon with 15cc of air.
   - #1 Blue - will inflate the posterior pharyngeal balloon.
   - #2 White - will inflate the distal balloon.
10. Begin ventilation through the longer blue connecting tube. If auscultation of breath sounds is positive and auscultation of gastric insufflation is negative, continue ventilations.
11. IF NECESSARY, if auscultation of breath sounds is negative, and gastric insufflation is positive, immediately begin ventilation through the shorter connecting clear tube. Confirm tracheal ventilation by auscultation of breath sounds and absence of gastric insufflation.
12. Removal of Combitube:
   a. Reassure patient
   b. Have suction ready and roll patient on their side.
   c. Remove 100cc of air from #1 (Blue line).
   d. Remove 15cc of air from #2 (White line).
   e. Gently withdraw Combitube, suction patient as necessary.
13. Documentation:
   a. Indications for Combitube use.
   b. Number of attempts to insert combitube
   c. Size of Combitube 41 French or 37 French (Combitube SA)
   d. Which connecting tube was used for ventilation ( #1 Blue or # 2 white)
e. Steps taken to verify tube placement.
f. Repeat assessment and vital signs every five minutes.
g. Changes from baseline that may have occurred, if any.

Notes:
The paramedic should not hesitate to utilize the Combitube as a backup or as an alternative advanced airway in a patient where the establishment of an ET tube may delay securing the patient’s airway. Paramedics should leave the combitube in place with an adequate airway.

Caution:
Inserting the Combitube at a depth that is excessive, may cause an obstruction of the patient’s airway and the patient may not be ventilated from either lumen.

***The large proximal pharyngeal cuff may cause an obstruction of the glottis opening.***