



ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SKMA -1979-	SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Emergency Medicine and Nursing		044-57/19 ()
Methodological recommendation for students on teaching clinical skills at the practical skills Center		P 1 of 5

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(using the execution algorithm)

Specialty: 6B10101 «General medicine»
Discipline: «Emergency medical care 1, 2»
Course: 5
Department: «Emergency medical care and nursing»
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1. Name of the current skill: Algorithm of tracheal intubation.

2. Learning objectives: To learn how to assess the terminal condition of patients, to get acquainted with the causes and manifestations of comatose states, to learn how to effectively ensure the patency of the respiratory tract and artificial lung ventilation.

3. Required theoretical knowledge of the skill:

Basic knowledge:

- basic terminal states;
- methods of diagnosis of terminal conditions;
- basic clinical skills;
- the main medicines used in terminal conditions.

By topic of the lesson:

- sequence of emergency medical care measures in terminal conditions;
- technique of performing the triple Safar method;
- ensuring the patency of the respiratory tract and the safety of the patient during the entire time of the skill;
- the technique of suction of mucus from the respiratory tract;
- technique of tracheal intubation;
- the technique of ventilating with a respirator and assessment of the adequacy of ventilation;
- evaluation of the effectiveness of tracheal intubation;
- errors during tracheal intubation.

4. Simulator, simulator, dummy, list of models: simulator for tracheal intubation, laryngoscope with replaceable blades, intubation tubes.

5. List of medical instruments and equipment: masks, sterile gloves, sterile bandages, ambu bag, syringe, patch.

6. The execution of skill:

№	Step-by-step actions	Execution		
		Yes	Yes	Yes
1	Prepare the necessary tools: a laryngoscope with a straight (Miller blade) or curved (MAS blade) blade, a set of endotracheal tubes, sterile gloves, a phonendoscope, syringes, oxygen, drugs necessary for proper intubation: sedatives, muscle relaxants, Ambu bag, as well as auxiliary tools such as aspirators.			
2	Lay the patient on their back. Place a roller or other material under the head, neck, and shoulders, flexing the neck and raising the head until the external auditory canal lies in the same horizontal plane as the jugular cavity. Then tilt your head so that your face is aligned on a parallel horizontal plane; this second plane will be higher than the first.			
3	Establishment of intravenous access.			
4	Provide mechanical ventilation or preoxygenate the patient			

	with 100% oxygen. (The amount of oxygen inhaled through a mask with a non-reversing valve is sufficient for a spontaneously breathing patient.			
5	Perform rapid sequential induction and intubation (i.e., using intubation drugs). If necessary, clear the oropharynx of obstructive secretions, vomit, or foreign objects.			
6	Continued 3 to 5 minutes prior to intubation for spontaneously breathing patients, use an oxygen mask with 100% inhaled oxygen (FiO2) Patients who are not spontaneously breathing should be given about 8 breaths with maximum oxygen concentration when using the Ambu Bag.			
7	Insert Blade laryngoscope into the patient's mouth following the curve of the tongue Once the tip of the laryngoscope blade is behind the patient's tongue so that the opening of the glottis is in the middle of the upper half of the blade.			
8	Looking back at the patient, insert the endotracheal tube into the mouth on the right side and pass it behind tongue. At this point, we direct the tip of the tube through the vocal cords. Due to the rigidity of the stylet, this maneuver may require an assistant to pull the stylet up 1–2 cm while the tube continues to advance gently. Then advance the tube an additional 3–4 cm.			
9	Inflate the cuff with a sterile air syringe and remove the stylet completely. Ventilate the patient (8-10 breaths/minute, each breath is about 6-8 ml/kg or 500 ml and lasts about 1 second).			
10	Check with a tonometer that the tube is correctly positioned in the airways. Make sure the condition is stabilized through the indicators on the monitor			


7. Tasks:

- Assessment of the patient's condition.
- Conducting tracheal intubation and ensuring adequate ventilation.

8. References:

Basic literature:

1. The state program of healthcare development of the Republic of Kazakhstan "Health" on 2021-2024 years
2. Order of the Ministry of health of the Republic of Kazakhstan dated July 3, 2017 No. 450 "on approval Of the rules for emergency medical care in the Republic of Kazakhstan".
3. Vertkin A., Sveshnikov K. Guidelines for emergency medical care. Moscow. – E. publishing house – 2017. - 560 p.
4. Emergency care in a therapeutic clinic. Under the editorship of A. V. Gordienko. - Speclit. - 2017. - 229 p.
5. Urgent outpatient and polyclinic cardiology: a brief guide / V. V. Ruksin. - 2nd ed. - Moscow: GEOTAR-Media, 2016. - 255 p

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6. Emergency medical care. Clinical recommendations. Under the editorship of S. F. Bagnenko. - GEOTAR-Media. - 2018. - 896 p.

Additional literature:

1. Acute cardiac care. Edited By p. p. Ogurtsov, V. E. Dvornikov. - GEOTAR-Media. - 2016. - 272 p.
2. Clinical Protocol of diagnosis and treatment "Sudden death". Approved by the joint Commission on the quality of medical services of the Ministry of Health of the Republic of Kazakhstan dated June 23, 2016. Protocol No. 5.
3. Emergency medical care. Clinical recommendations / ed. by S. F. Bagnenko, Moscow: [B. I.], 2015. -871 p.
4. Emergency care for children: Handbook: translated from German. / - M. : Medpress-inform, 2014.