Lakeridge Health	Adult Intubation and LMA Insertion – Medical Directive	
	Manual: Medical Directives & Delegated Controlled Acts	Original Date: 13OCT2009
	Section: Critical Care	Version Date: 24JUN2025
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	Approved by: Critical Care Council, Interprofessional Collaboration Committee, Medical Advisory Committee	
	Cross Reference to: Endotracheal Intubation Policy and Procedures	

Authorizing Prescribers

- Lakeridge Health Oshawa (LHO), Lakeridge Health Ajax-Pickering (LHAP), Lakeridge Health Bowmanville (LHB) Critical Care Physicians
- LHO, LHAP, LHB, and Lakeridge Health Port Perry (LHPP) Emergency Physicians and Anesthesiologists
- LHAP, LHB, LHPP Medicine Physicians

Authorized to Whom

Registered Respiratory Therapists (RRT) and Anesthesia Assistants (AA) employed within Lakeridge Health who have reviewed the affiliated policy and demonstrated competency supported by the Clinical Practice Leader (CPL) or delegate. They must also be in good standing with the College of Respiratory Therapists of Ontario and perform as authorized to them under Controlled Act #2 - "intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx."

Co-implementer: Medical Radiation Technologist - Radiography (MRT(R))

Patient Description/Population

Any person that is or appears to be 13 years old and older within Lakeridge Health (LH) who meets procedure-specific indications as per the order table.

Order and Procedure

These procedures are not presented in sequential order and any one of or combination of the procedures below may be performed by an authorized health care professional as time permits until either an authorized prescriber or appropriate emergency response personnel are present.

A. Insertion of an Endotracheal Tube (ETT)
B. Insertion of a Laryngeal Mask Airway (LMA)

Indications to the Implementation of the Directive

- Any patient with procedure-specific indications as per Order Table

Contraindications to the Implementation of the Directive

This medical directive must not be implemented in the following circumstances:

- In a known or suspected cervical spine injury or instability
- The patient, their guardian or Substitute Decision Maker (SDM) does not consent to resuscitation. It is either clearly expressed and/or documented in the patient's medical record
- The RRT or AA has not maintained competency in adult intubation
- In an urgent or semi-urgent upper airway obstruction (i.e. croup, acute epiglottis, congenital anomalies, oropharyngeal tumors)
- Active hemorrhaging from the oral or nasopharynx

Consent

The RRT or AA implementing the directive must obtain consent if the patient or Substitute Decision Maker (SDM) is capable of providing it. In an emergency situation, if the patient is not capable of providing consent, the RRT or AA may administer treatment without consent if, in his or her opinion, all of the following are true:

- The patient is incapable with respect to the treatment
- The patient is experiencing severe suffering or is at risk if the treatment is not administered promptly, or suffering serious bodily harm
- It is not reasonably possible to obtain a consent or refusal on the patient’s behalf, or the delay required to do so will prolong the suffering than the patient is experiencing or will put the patient at risk of suffering serious bodily harm.

Documentation Requirements

In addition to standard documentation practices, the RHCP implementing this medical directive must document in the order section of the chart (if documenting electronically, document in assessment form or patient note) the following:

- The procedure performed on the patient
- The name of this medical directive
- The name of the implementer
- Legible signature of implementer including credentials (unless documenting electronically)
- Date and time (unless documenting electronically)

Review/Evaluation Process

This directive will be reviewed by Critical Care Council every 2 years.

References

Jannu, A., Shekar, A., Balakrishna, R., Sudarshan, H., Veena, G. C., & Bhuvaneshwari, S. (2017). Advantages, Disadvantages, Indications, Contraindications and Surgical Technique of Laryngeal Airway Mask. Archives of craniofacial surgery, 18(4), 223–229. https://doi.org/10.7181/acfs.2017.18.4.223

This table must **not** be used independently apart from the Medical Directive

Order Table Form

Order(s)	Indications	Contraindications	Notes
Insertion of ETT Portable chest x-ray post-ETT insertion to confirm placement Insertion of LMA	• Any patient in a cardiac or respiratory arrest (impending or actual) • In patients who have decreased LOC and are either unable to protect their airway or maintain ventilation • Accidental displacement of an endotracheal tube in which the patient is unable to maintain/protect airway, or maintain adequate oxygenation and/or ventilation.	• In a known or suspected cervical spine injury or instability • The patient, their guardian or Substitute Decision Maker (SDM) does not consent to resuscitation. It is either clearly expressed and/or documented in the patient's medical record • The RRT or AA has not maintained competency in adult intubation • In an urgent or semi-urgent upper airway obstruction (i.e. croup, acute epiglottis, congenital anomalies, oropharyngeal tumors) • Active hemorrhaging from the oral or nasopharynx	• Pre-oxygenate the patient as needed • Suction prior to inserting ETT or LMA • LMA can be inserted during CPR • Ensure MRP is aware of the treatment initiated