Definition of an Intubation Attempt

For quality improvement purposes, it is optimal for all EMS providers to use the same definition of an intubation attempt. The EMS Medical Directors Association of California endorses the following definition.

This definition is consistent with the NAEMSP definitions and should be the standard for all quality improvement processes.¹

We would like to emphasize that ventilation is more critical than intubation. The proper use of the bag-mask ventilation technique is the primary method of airway management and the foundation of clinical care even when secondary methods such as endotracheal intubation, laryngeal mask/tube, or needle/surgical airway are employed.

Any of these actions will be considered an airway attempt:

1. Orotracheal Methods: Insertion of laryngoscope blade into mouth (irrespective of whether an endotracheal tube is placed with the intent of performing endotracheal intubation).

2. Nasotracheal Methods: Insertion of tube through nares of nose

3. Laryngeal Mask/Tube and Other Methods: Insertion of laryngeal mask/tube into mouth (for Combitube, King, LMA, and other oral non airway devices)

4. Surgical Methods: Insertion of needle/surgical airway device through neck (for cricothyroidotomy, needle jet ventilation, retrograde ETI, and other “surgical” methods of airway management)

The removal of a foreign body using a laryngoscope and Magill forceps does not constitute an intubation attempt.