

INSERT A COMBITUBE

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: II

REFERENCES: STP 8-68W13-SM-TG, Tasks: 081-833-0169, Insert a Combitube; 081-833-0017, Ventilate a Patient with a Bag-Valve-Mask System; Prehospital Trauma Life Support (*PHTLS*), Revised Military Edition.

1. **Soldier** (*Last Name, First Name, MI*)

2. **Date** (*YYYYMMDD*)

CONDITIONS: Given a casualty with an obstructed or difficult airway in field environment. You have been provided the necessary medical equipment. You are not in a CBRN environment.
Airway management is one of the most critical skills a Soldier Medic must know. A casualty may die needlessly without proper airway management techniques and oxygen administration. The Soldier Medic must be able to choose, and effectively use, the proper techniques and equipment for maintaining an open clear airway and administering oxygen for both medical and trauma casualties.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (*8 of 11 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*)
- Precautions: Wear gloves and eye protection as a minimal standard of protection.
- Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

Your engineer company has been assigned the task to destroy bridges along a major avenue of attack. While assembling explosives, a blasting cap detonates, igniting some nearby fuel cans. The combat engineer appears to have sustained severe burns of the upper airway and you can hear stridorous noise as you approach. You must establish and maintain an adequate airway using a Combitube; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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Grading Sheet

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Assessed the upper airway for visible obstruction.	<input type="checkbox"/>					
c. Hyperventilated the casualty for 30 seconds.	<input type="checkbox"/>					
d. Positioned the casualty's head in a neutral position.	<input type="checkbox"/>					
e. Tested both cuffs for leaks by inflating the white pilot balloon (15 ml) and the blue pilot balloon (100 ml). Deflated the cuffs completely.	<input type="checkbox"/>					
f. Inserted the Combitube gently but firmly until the black rings on the tube were positioned between the patient's teeth.	<input type="checkbox"/>					
g. If successful, ventilated the casualty using a pocket facemask or bag-valve-mask (BVM) system.	<input type="checkbox"/>					
h. Reassessed the airway.	<input type="checkbox"/>					
i. * Obtained a patent airway with the Combitube.	<input type="checkbox"/>					
j. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
k. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**INSERT A COMBITUBE
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.

Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.

Allow sufficient time for the Soldier Medic to extract information from the scenario.

Provide each evaluator with the grading sheet.

Ensure the Soldier Medic has all required materials.

Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load to include airway kit with Combitube.

Additional Scoring Guidelines:

Inserted the Combitube.

- Grasped the tongue and lower jaw between the thumb and index finger and lifted upward (*jaw-lift maneuver*).
- Inserted the Combitube gently but firmly until the black rings on the tube were positioned between the casualty's teeth.
- Did not use force. (*If the tube does not insert easily, the Soldier Medic must withdraw the tube and retry.*)
NOTE: The Soldier Medic must hyperventilate the casualty for 30 seconds between unsuccessful attempts.
- Inflated the #1 (*blue*) balloon with 100 ml of air (*using a 100 ml syringe*); inflated the #2 (*white*) balloon with 15 ml of air (*using a 20 ml syringe*).
- Ventilated through the primary (#1-blue) tube. If auscultation of breath sounds was positive and auscultation of gastric sounds was negative, continued ventilations.
- If auscultation of breath sounds was negative and gastric insufflation was positive, immediately began ventilations through the shorter (#2-white) tube. Confirmed tracheal ventilation of breath sounds and the absence of gastric insufflation.
- If auscultation of breath sounds and auscultation of gastric insufflation were negative, the Combitube may have been advanced too far into the pharynx. Deflated the #1 (blue) balloon/cuff and moved the Combitube approximately 2-3 cm out of the casualty's mouth.
- Reinflated the #1 (*blue*) balloon with 100 ml of air and ventilated through the longer #1 connecting tube. If auscultation of breath sounds was positive and auscultation of gastric insufflation was negative, continued ventilations.
- If breath sounds were still absent, the Soldier Medic should immediately deflate the cuffs and extubate.
- Soldier Medic should insert an oropharyngeal or nasopharyngeal airway and hyperventilate the casualty with a bag-valve-mask (*BVM*) device.