

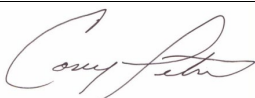
MEDICATION ADMINISTRATION ENDOTRACHEAL TUBE (ETT)

Document Owner: Luc Simard **Program/Service Area:** Centre for Prehospital Care **Issue Date:** April 2009
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Approval: Corey Petrie, Interim Regional Manager,
Centre for Prehospital Care & Trauma
Services

Frequency: **As Required**, in accordance
with the Medical Cardiac Arrest Medical
Directive.

Signature:



Purpose: To ensure a consistent standardized practice for administering medications via endotracheal tube.

	Content	Details
1.	Ensure that the patient qualifies for medication administration via the endotracheal tube or contact a Base Hospital Physician (BHP) for further direction.	IV and IO routes of administration are preferred over the ET route of administration.
2.	Communicate the need for medication administration, and its effects to the patient and family members whenever possible.	
3.	Pre-oxygenate the patient	Medication given via endotracheal tube (ETT) should be diluted with 5-10 ml of sterile water or normal saline.
4.	Remove the oxygen source from the ETT and inject the medication directly into the tube.	
5.	Resume ventilations with one to two full ventilations directly following medication administration as this will ensure the medication is distributed deep into the pulmonary tree.	
6.	Resume required ventilations	
7.	Discontinue the medication if adverse effects occur, or as directed by the BHP.	
8.	Document the medication administration on the patient care record as per the Ministry of Health and Long Term Care Emergency Health Services Branch Ambulance Call Report Documentation Standards and your Service Provider policy which includes: <ul style="list-style-type: none"> • name of the medication • dose and concentration of the medication • time of administration • amount of wastage for any controlled substance accompanied by a co-signature 	
9.	Document patient condition before and after medication administration	

Expected Outcome: To safely perform endotracheal medication administration.