

1. Key Recommendations for operational use						
	For use by: Medical teams. For information: SAS. Internet: Yes.					
1	Operation	 Blades are sterile and single use. Blades are Macintosh type and available in size 2, 3 and 4. Inspect the attachment clip at the proximal end of the blade. Clip the blade into position on the CameraStick part. The unit On-Off switch is on the battery: short press for On. long press for Off. 				
2	Tips for use	 Perform laryngoscopy with the standard technique. Visualising the larynx on screen may not equate to a direct line for passage of the endotracheal tube: consider a stylet to make a "hockey stick" shape to the endotracheal tube. lubricate the stylet to aid its removal. 				
3	Battery	 Battery life (in minutes) is displayed on the screen; 250min is a full battery. Record remaining battery life as part of both post-mission and routine checks. Replace the battery once 5 minutes operation remains (the battery icon will flash). Remove the battery from the unit for prolonged storage only: damage may occur to the battery connections with repeated removal. The battery is Lithium ion: it may be sensitive to cold temperatures. Place the used battery in the battery disposal box. 				
4	Environmental considerations	 Ambient Light: the view on the screen will be impaired with sunlight or bright conditions. direct laryngoscopy remains an option although the light is less powerful. carefully consider effect of improvised shade on team dynamics and communication. Cold: the unit may not switch on in cold conditions (Lithium ion battery). 				
5	 Remove the blade and dispose of it in the clinical waste. Clean the laryngoscope body using disinfectant wipes. Laryngoscope body is suitable for disinfection by chemical immersion with the battery removed. 					



2. Document History					
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		Paediatric	1		
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3. Scope and purpose

· Overall objectives:

The aim of this guideline is to describe the function and use of the McGrath Mac videolaryngoscope.

• Statement of intent:

This guideline is not intended to be construed or to serve as a standard of care. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. Clinicians using this guideline should work within their skill sets and usual scope of practice.

Feedback:

Comments on this guideline can be sent to: scotamb.CPG@nhs.net

• Equality Impact Assessment:

Applied to the ScotSTAR Clinical Standards group processes.

• Guideline process endorsed by the Scottish Trauma Network Prehospital, Transfer and Retrieval group.

