

of the device, beginning at the the top of the handle of the invention 31 to the opening at the lower end portion of the blade of the invention 31. This channel 33 permits suctioning of foreign material and secretions from the throat when suction is applied to the upper opening of the channel, eliminating the need for a suction catheter. A recessed channel 32, located toward the side of the device, accomodates a long, preloaded, commercially available endotracheal tube 51, as shown in FIG. 1. The preloaded endotracheal tube 51 with an inflatable cuff 52 and cuff inflating valve mechanism 53 is located centrally in close proximity to the end of the channel 32. A port 35 for the connection of a light 42 and a power source 37 for illumination of the throat and vocal cords, using a battery or electrical source, 37, as shown in FIG. 1, is provided. The extension 38 which connects the light to the fiberoptic system of the device is shown. A cross-sectional view of the eyepiece 34 is illustrated. The eyepiece 34 serves as a means of visualizing anatomical structures during the intubation procedure. The image is carried from near the end of the channel 30 upward through the fiberoptics to the eyepiece 34, which is located at the upper end of the device. Images and light are carried back from the end of the device to the eyepiece 34 by fiberoptic bundles. The fibers 43, as shown in FIG. 6, are surrounded by a sheath and are located within a channel 30 of the embodiment of the device and end a short distance from the end of the blade portion. The fibers and light source enable direct visualization of the anatomical structures, which are necessary to visualize during endotracheal intubation. The distal portion 20 of the blade 31 is constructed of transparent plastic to facilitate light dispersion into the surrounding areas.

Referring to FIG. 3, a side view is shown of the curved device 31, eyepiece 34, snap-on eyepiece cover 39, and the lower end of the suction channel 33. The eyepiece cover 39 contains a lens for visualization of images collected at the end of the blade portion, as described in FIG. 2.

Referring to FIG. 4, a rear view is shown of the upper portion of the handle 31, eyepiece 34, and snap-on eyepiece cover 39 containing a lens 40. The lens 40 serves as a screen to visualize images of anatomical structures at the end portion of the device. The lens 40 is contained within the snap-on eyepiece cover 39. A suction connecting port 33 and a recessed portion housing an endotracheal tube 51 is shown.

Referring to FIG. 5, a side view is shown of the snap-on eyepiece portion and external sheath which carries the fiberoptics, power source, and light to the end portion of the device. A sheath 36 covers the fiber bundles 43, shown in FIG. 6. The sheath and its contents are attached to the snap-on eyepiece cover 39. The sheath and its contents are introduced into the channel 30, as shown in FIG. 2, which is provided in the embodiment of the device for the purpose of illuminating the anatomical structures. The eyepiece cover 39 can be easily disassembled to be removed as a unit, consisting of the lens 40, and the fiberoptics 43, contained within the sheath 36, as shown in FIG. 6. This unit may be reused.

Referring to FIG. 6, a cross section of the structures described in FIG. 5 are shown. Structures include a cross section of the snap-on lens cover 39, lens 40, fiber-optic bundle 43, and covering sheath 36.

Referring to FIG. 7, a top view of the structures depicted in FIG. 5 are shown. A snap-on eyepiece

cover 39 contains a lens which serves as a screen for images received from the fiberoptics. A protective sheath 36 encloses and surrounds the fiberoptics 43, as shown in FIG. 6.

Referring to FIG. 8, the intubation device of the present invention is shown entering the human larynx area and passes the roof of the mouth 29, the epiglottis 27, the vocal cords 28, and into the larynx and trachea 26, as shown by the arrow. The endotracheal tube is advanced, upon intubation, along with the intubator, through the mouth to the epiglottis, where the vocal cords are directly visualized. The endotracheal tube is then advanced slightly, through the focal cords and larynx and into the trachea, where the cuffed endotracheal tube balloon is inflated. The intubator allows for direct visualization throughout the entire intubation procedure. The endotracheal tube can then be held at the top portion of the tube and the intubator can be pulled back up and over the length of the endotracheal tube and discarded after intubation is complete. The cut-away portion of the intubator allows the operator to grasp the endotracheal tube and aid the inflated balloon to hold the tube in place while the intubator is being retracted following completion of the intubation process. The fiber optic bundles terminate at 19 within the transparent distal portion 20 of the intubator, allowing continuous and direct visualization of the pathway of the endotracheal tube to observe the anatomical structures therein. Transmitted light enters the channel portion 35 and, upon intubation, illuminates the anatomical structures, with the resulting image being viewed by the operator through the ascending fiber optic bundles to the eyepiece, covered by the eyepiece cover 39.

While the present invention has been described with reference to specifics, it will be understood that changes may be made and substituted while maintaining the scope of the invention. Modifications may also be made to adapt to a situation, size, composition of material, or desirability of structure without departing from its inherent characteristics of practicality, safety, and speed of use of the device.

What is claimed is:

1. An intubation guide for the easy and accurate positioning of an endotracheal tube through the vocal cords of a patient being intubated, comprising:
 - an upper handle portion;
 - a lower blade portion joined to the upper handle portion for inserting into the patient's mouth;
 - a plurality of spaced conduits longitudinally extending from the upper portion into the lower portion of said guide;
 - one of the conduits being adapted to removeably receive the endotracheal tube therein, said conduit extending the entire length of said lower blade portion and penetrating a terminal edge of said lower blade portion;
 - a second conduit being adapted to be connected to a suction source, said second conduit penetrating a terminal edge of said lower blade portion to remove fluids from within the patient's mouth;
 - a third conduit being adapted to both receive a light source for illuminating the area into which the endotracheal tube is to be positioned and receive receiving images from the illuminated area, said third conduit terminating within said lower blade portion to prevent contact with the patient's bodily fluid; and