NASOTRACHEAL INTUBATION

PURPOSE:
To provide an advanced airway in patients that cannot be intubated by the orotracheal route.

INDICATIONS:
- Emergency control of compromised airway in spontaneously breathing patients
- Control ventilation and provide airway protection
- Respiratory depression secondary to ETOH, OD, CVA
- Respiratory distress secondary to smoke inhalation, asthma, emphysema
- Patient’s mouth cannot be opened because of clenched jaw and adequate BLS cannot be performed
- Patients requiring advanced airway placement and the use of a laryngoscope is impossible (e.g., patients sitting in a vehicle waiting extrication)
- Patients with severe soft tissue facial injuries, disallowing visualization of the cords (CAUTION: Chance of basal skull fracture and loss of nasal passage integrity likely)

COMPLICATIONS:
- Epistaxis and/or emesis can be induced in patients with clenched teeth, further compromising the airway
- Perforation of pyriform sinus
- Perforation of the pharynx
- Cranial intubation and possible infection in the patient with a basal skull fracture

CONTRAINDICATIONS:
- Apneic patient
- Lack of proper training
- Loss of nasal passage integrity
- Basilar skull fracture
- Pediatrics as defined in pediatric routine medical care policy
- Unstable mid-face fractures with loss of nasal passage integrity

PRECAUTIONS:
- Always have suction ready
- If misplacement of ET tube into esophagus, expect vomiting to occur
- Make sure that the BVM adapter is securely fastened to ET tube to prevent loss of tube into naso-pharynx
- Only three (3) field attempts shall be performed before attempting to secure the airway by another method

PROCEDURE:
1. Visually inspect each nare for foreign bodies or large polyps.
2. Instill spray Neosynephrine into each nare for 1-2 seconds.
3. Insert a NPA lubricated with 2% Lidocaine gel into the chosen nare (usually the largest).
4. Choose an ET tube approximately 1mm smaller than that used for oral intubation.
5. Insert BAAM device on end of ET tube (when tube is placed correctly a whistle will be heard).
6. Remove the NPA.
7. Insert the lubricated ET tube into the chosen nare.
8. Guide the tube slowly but firmly along the floor of the nasal passage and down into the nasopharynx, allowing the ET tube to passively rotate as it advances. As the tip of the ET tube nears the glottic opening, watch for condensation in the tube.
9. Upon inspiration, advance the ET tube through the larynx (glottic opening). Condensation should be seen in the tube upon exhalation.
10. Inflate the cuff and confirm ET tube placement per VERIFICATION OF ADVANCED AIRWAY PLACEMENT policy.