

Intubation: Nasotracheal

- ABCs
- Oxygen 100%
- Assist Ventilations, prn
- Transport ASAP

Preparation

Choose ET tube 1 mm smaller than optimal for orotracheal intubation

Inspect suction, laryngoscope, test inflate ETT cuff, lubricate tube

PreOxygenate patient with 100% Oxygen

Monitor SpO2

Determine which nare is clearest

Spray Neo-Syneprine spray into naris

Anesthetize naris with Lidocaine jelly 2%

Technique

Anytime the patient goes 30 seconds without ventilation, stop the procedure and hyperventilate for 30-60 seconds before intubation is re-attempted.

Insert & advance ET tube along nasal floor

If impassable, try the other naris

The curve of the tube should follow the curvature of the anatomy

Gently advance the ET tube while rotating it medially 15-30 degrees until maximal air flow is heard through the tube

Swiftly advance ET tube during inhalation

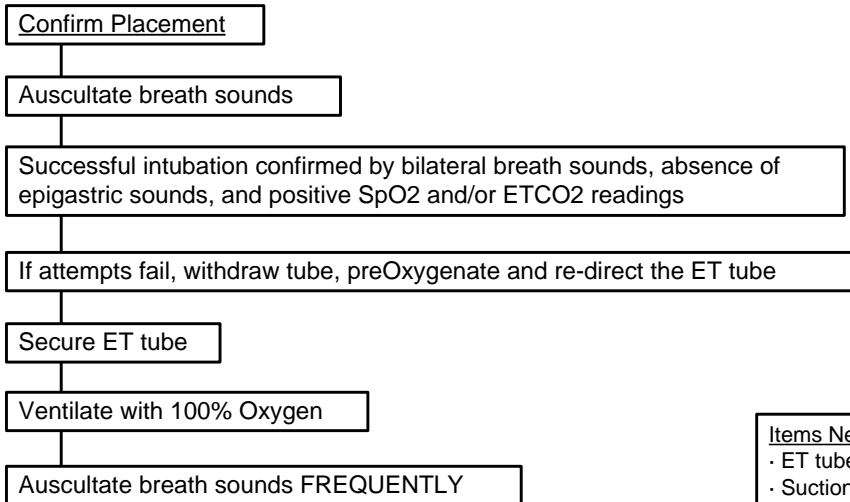
Inflate cuff with 5-8 cc of air

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Indications:
When definitive airway control is required, the patient has spontaneous ventilations and laryngoscopy is difficult.




ALS procedure



Items Needed :

- ET tubes
- Suction
- Oxygen source
- Bag-valve-mask
- Stethoscope
- Syringe, 10 cc
- Lubricant, water soluble
- SpO₂ monitor
- Gloves, eye shield
- Lidocaine jelly 2%
- Neo-Syneprine spray
- Tape



Document:

- ABCs
- Detailed Assessment
- Vital Signs
- SpO₂, ETCO₂
- Glasgow Coma Scale
- Lung Sounds
- Absence of Epigastric sounds
- Methods Used to Verify ET Tube Placement
- Chest Rise
- Condensation Present?
- Secured at (Marking)
- Skin Color
- Naris Used
- Medications Used
- Communication with Medical Control if any