

NASOTRACHEAL INTUBATION – ADULT

Name: _____ Date: _____ License # _____

To provide an advanced airway in patients that cannot be intubated endotracheally. Nasotracheal intubation requires a Base Hospital Physician order.

A. Assessment/Treatment Indicators:

1. Possible cervical spine injury with clenched jaw and gag reflex.
2. Trapped and inaccessible for direct laryngoscopy.
3. Severe respiratory distress secondary to smoke inhalation, asthma, emphysema
4. Patient nare is able to accommodate size 7.0, 7.5 or 8.0 endotracheal tubes.
5. Severe respiratory depression secondary to ETOH, OD, CVA.
6. Need to control and provide airway protection.
7. Compromised airway in spontaneously breathing patients.
8. Base Hospital Physician Order.

B. Contraindications:

1. Apneic patient.
2. Lack of proper training.
3. Loss of nasal passage integrity.
4. Basilar skull fracture.
5. Pediatrics as defined in pediatric routine medical care policy.
6. Unstable mid-face fractures with loss of nasal passage integrity.

C. Relative Contraindications:

1. For significant trauma to the face or nose and/or possible basilar skull fracture.
2. For patients on anticoagulant therapy.

D. Potential Complications:

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

Equipment:

- | | |
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| <ol style="list-style-type: none">1. Endotracheal tube2. 10 ml syringe3. BMM4. Oxygen5. Neosynephrine6. Viscous Lidocaine | <ol style="list-style-type: none">7. Battery powered suction unit8. Yankauer Tonsil Tip suction catheter9. Appropriate size suction catheter10. ET tube holder11. End tidal CO212. Disposable bag valve device – BVM |
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Effective: January 1, 2012
Supersedes: February 15, 2010

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Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

Performance Criteria		Pass	Fail
1.	Use universal precautions.		
2.	Support ventilations with appropriate basic airway adjuncts and explain the procedure to a conscious patient.		
3.	States: Indications and contraindications.		
4.	Select the nostril to be used and inspect for patency and airflow. Select the appropriate cuffed tube and pre-oxygenate patient with 100% oxygen prior to attempting procedure.		
5.	If patient becomes apneic, discontinue procedure and attempt oral intubation.		
6.	Lubricate the distal tip of endotracheal tube with viscous Lidocaine.		
7.	Position the patient as tolerated. Hold in-line cervical stabilization if neck injury is suspected.		
8.	Administer one (1) metered dose, 0.5mg of phenylephrine HCL to the selected nostril. May be repeated once prior to additional attempt.		
9.	If first attempt is unsuccessful, recontact Base Hospital Physician, for approval for second attempt.		
10.	With one hand, advance ET tube into the selected nostril with bevel against septum. Monitor breath sounds continuously while gently guiding the tube into the trachea. Use BAAM device to assist in proper placement.		
11.	Inflated cuff with 10 ml of air and detaches syringe.		
12.	Simultaneously maintains tube position, ventilates patient and confirms tube placement: <ul style="list-style-type: none"> a. Notes capnography readings. PPV at the appropriate CO2 level as well as respiratory rate. b. Observes bilateral rise and fall of chest wall. c. Auscultates bilateral breath sounds with absence of sounds over abdomen. d. Confirms placement with end tidal CO2 device. 		
13.	States: Document Nasotracheal intubation placement on the PCR		

Please provide comments for any item that is marked as failed: _____

Name & Signature of Evaluator

Date

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