Airway Management (2 of 3)

Nasotracheal Intubation

Prepare for Intubation¹

Insert NPA and preoxygenate² via BVM for 2min (right nare is typically larger) Consider benzodiazapine (**Midazolam** 2.5mg IV/IO or **Diazepam** 2-5mg IV/IO) for anxiety. Consider **Ondansetron** 4mg IV/IO to decrease aspiration risk

Perform Nasotracheal Intubation

- Attach BAAM® device to ETT; explain to patient importance of deep inspirations
- Advance lubricated ETT through nasopharynx and into oropharynx
- Listen for change in pitch via BAAM® advance ETT when sounds are at their peak
 - Confirm Tube Placement
 - Lung/Epigastric Auscultation; chest rise
 - EtCO₂ capnography (record waveform in ePCR)
 - Secure nasotracheal tube with adhesive tape

Endotracheal Intubation

¹Tools For Intubation

- Cuffed ETT
- 10-12 ml syringe
- Stylet
- ETT introducer (Bougie)
- Video Laryngoscope (if available)
- EtCO₂ detector
- Stethoscope
- Commercial ETT restraint

Prepare for Intubation¹

- Insert OPA/NPA and preoxygenate for 3-4 minutes, if able
- Prepare for apneic oxygenation (NC @ 15L/min) during intubation
- Consider Ondansetron 4mg IV/IO to decrease aspiration risk
- Consider suctioning airway prior to first intubation attempt

Perform Endotracheal Intubation

- Remove OPA and advance ETT into trachea within 30 seconds
- Visualize ETT passing through the vocal cords (insertion qualifies as an attempt if ETT passes the teeth)

Confirm ETT Placement

- Lung/Epigastrium auscultation; chest rise
- EtCO₂ capnography (record waveform in ePCR)

Yes

Successful Intubation?

No

- Secure ETT with commercial ETT restraint device and document depth of ETT at level of patient's incisors
- Reconfirm ETT placement by using continuous ETCO₂ capnography
- Measure and apply cervical collar to patient
- Proceed to Post-Intubation Advanced Airway Management
- Reinsert OPA/NPA & oxygenate via BVM for 2 min
- Reattempt intubation using the ETT Introducer (Bougie)
 max 2 attempts (1 attempt for trauma)
- Proceed to Airway Management (3 of 3): Can't Ventilate and Can't Intubate protocol

apneic oxygenation decrease hypoxia during intubation and subsequent cardiac arrest

Preoxygenation and

