PRACTICAL SKILL
NASOTRACHEAL INTUBATION

Purpose:
To provide positive control of an airway, especially in patients with some respiratory effort, who have a suspected C-spine injury, an intact gag reflex, or whose mouth cannot be opened.
To facilitate assisted ventilation in a patient with inadequate respirations.

Indications:
Patients in severe respiratory distress.
Conscious patients unable to protect own airway.
Apnea or inadequate respiratory effort.

Advantages:
- Positive control of the airway.
- Prevents aspiration.
- Facilitates ventilation.
- Provides route for administration of selected medications.
- Facilitates suctioning.
- No need to manipulate C-spine.
- Better tolerated by conscious patient.

Disadvantages:
- Requires special training and equipment.
- Cannot be used on pediatric patients under 8 years of age due to anatomy of the airway.

Complications:
- Airway trauma.
- Misplacement.
- Esophageal placement causes hypoxia.
- Potential for simple or tension pneumothorax.
- Gastric dilatation.
- Epistaxis.

Contraindications:
- Basilar skull fracture.
- Major facial trauma.
- Laryngospasm.

Steps:
1. Ventilate with bag-valve mask as necessary.
2. Patient <8 years old?
   - Yes:-select appropriate size ETT with exterior diameter approximately one size smaller than the diameter of the distal joint of the patient's little finger.
   - No: Inflate the cuff, check for leaks; deflate the cuff.
3. Lubricate the ETT with water soluble gel.
4. Maintain head in neutral position and ventilate the patient with at least 6 breaths prior to intubation attempt.
5. Advance the ET tube gently through the nostril (bevel toward septum) straight back along the floor of the nasal passage until the tip of the tube reaches a level slightly above the patient's vocal cords; air will be heard moving through the tube.
6. When the patient next inhales, advance the tube through the cords; stop ~1 cm past the cords.
7. Auscultate bilaterally over the axillae and stomach to confirm placement.
8. Inflate the cuff and connect the EtCO2.
9. Secure the tube.

NOTES:
- Limit intubation attempts to 2 attempts per provider with one additional attempt by one additional provider – total of 3 attempts. Assure adequate oxygenation and ventilation between intubation attempts.