Procedure Guidelines

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Nasotracheal Intubation</th>
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<tr>
<td>Original Adoption Date:</td>
<td>05/2001</td>
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<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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Indications:
1. Patients who are >40 kg or 12 years old and are still breathing yet are unable to adequately manage their own airway or need their airway protected.

Contraindications:
1. Patients with serious facial fractures
2. Patients who have a significantly deviated nasal septum
3. Patients with nasal obstruction

Possible Complications:
1. Accidental intubation of the esophagus
2. Oropharyngeal and laryngopharyngeal trauma
3. Spasm of the vocal cords

Procedure:
1. Pre oxygenate patient
2. Utilize pulse oximetry
3. Assemble and check your equipment. Lubricate the distal end of a proper sized tube.
4. Place the patient's head and neck into a relaxed position. If spinal injury is suspected, maintain the head and neck in neutral, in-line position.
5. Inspect the nose, and select the larger nostril as your passageway.
6. Insert tube into the nostril, with the flanged end of the tube along the floor of the nostril or facing the nasal septum. Gently guide the tube in an anterior to posterior direction.
7. As the tube is felt to drop into the posterior pharynx, listen closely at tubes end for patient's respiratory sounds.
8. With the patient's next inhaled breath, advance the tube rapidly into the glottic opening, and continue passing it until the distal cuff is just past the vocal cords. At this point, the patient may cough, buck, or strain. When correctly placed in the trachea, the patient's exhaled air will be felt coming from the proximal end of tube. At the same time, breath condensation should intermittently fog the clear plastic tube.
9. Hold the tube in place with one hand to prevent displacement.
10. Inflate the distal cuff with 5-10 cc of air.
11. Recheck for proper placement by observing breath sounds, chest rise, and absence of epigastric sounds.
12. Confirm ETT placement with End-Tidal CO2 detector and other means.

After intubation, monitor the patient with ETCO2 to ensure proper ventilation and endotracheal tube placement.
13. Secure the endotracheal tube.