Nasotracheal Intubation

PROCEDURE

STEPS

1. Universal precautions; have the suction unit ready at the head
2. Hyper-oxygenate the patient with BVM or positive pressure for 2 minutes
3. Pre-medicate the nares: 1–2 sprays of Neo-Synephrine 0.5% in each nare; wait 1–2 minutes (time permitting)
4. Insert an NPA lubed with 2% lidocaine jelly per the NPA procedure; wait 1–2 minutes, then remove it
5. Advance the lubed tube, bevel toward the septum, down along the nasal floor
6. Listen for the best airflow (BAAM recommended); advance gently and swiftly on early inspiration — the patient coughs as it passes the cords
7. Inflate the cuff with 5–10 mL of air and ventilate
8. Confirm with waveform capnography plus chest rise and auscultation; secure the tube

BEFORE YOU START

- Indications: need for a definitive airway; need to assist ventilations
- Suits awake, breathing patients, or those not tolerating oral attempts — nasal intubation is performed on breathing patients
- Contraindication: basal skull or significant facial fracture, or congenital facial deformity
- Paramedic skill; consider Procedural Tolerance per guideline

KIT YOU NEED

- ET tube and lubricant, 2% lidocaine jelly, Neo-Synephrine 0.5% spray
- Nasopharyngeal airway, suction, BVM
- Waveform capnography and pulse oximetry — both required after placement
- Tube securement; consider initial PEEP of 5 cm H2O

IF IT GOES WRONG

- Bleeding or fluid from the nose or ears is a warning sign — aspiration risk from nosebleeds
- Diabetic patients carry an added sinus infection risk with this route
- No capnography waveform: placement is not confirmed — recheck before relying on it

Take Home Message:

Nasotracheal intubation is for the awake, breathing patient: prep the nose, follow the airflow in on inspiration, and prove placement with capnography.