Indications:

- Age ≥ 9 years spontaneously breathing patient with indication for intubation who cannot tolerate either supine position or laryngoscopy
- Present or impending airway obstruction
- Anticipated prolonged need for positive pressure ventilation

Contraindications:

- Apnea
- Severe mid-face trauma
- Patient can be safely ventilated with non-invasive means such as CPAP or BVM

Technique:

1. Initiate BLS airway sequence
2. Suction airway and pre-oxygenate with BVM ventilations, if possible
3. Check equipment and position patient appropriately
4. Administer phenylephrine nasal drops in each nostril
5. Lubricate ETT with Lidocaine jelly or other water-soluble lubricant
6. Insert tube in largest nare and advance during inspiration until tube in trachea. Continue advancing tube until air is definitely exchanging through tube, then advance 2 cm more and inflate cuff
7. Note tube depth and tape securely
8. Confirm and document endotracheal location by:
   a. ETCO2
   b. Presence and symmetry of breath sounds
   c. Rising SpO2
   d. Other means as needed
9. Ventilate with BVM. Assess adequacy of ventilations
10. During transport, continually reassess ventilation, oxygenation and tube position with continuous ETCO2 and SpO2
11. Reconfirm and document correct tube position after moving patient and before disconnecting from monitor in ED

Precautions:

- Ventilate at age-appropriate rates. Do not hyperventilate
- If the intubated patient deteriorates, think “DOPE”
  - Dislodgement
  - Obstruction
  - Pneumothorax
  - Equipment failure (no oxygen)
- Blind nasotracheal intubation is a very gentle technique. The secret to success is perfect positioning and patience.
- Self extubation and/or fighting the tube is a problem after placement. Consider sedation with versed, pain control with opiates, and/or restraining patients hands after intubation.

Documentation: [BMK]

- Number of attempts at intubation (attempt = insertion of endotracheal tube with intent to pass into trachea)
- Reasons why intubation attempt was unsuccessful
- Post intubation medications and/or restraint
- Any complications during procedure including misplaced tubes, or unintended extubation.