A. Indications

1. Spontaneously breathing patients who require a more patent and/or protective airway.

B. Contraindications

1. Apneic patient.
2. Known or suspected facial fractures or a basilar skull fracture.
3. Patients less than eight years of age.

NOTE: Patients who are unconscious or without a gag reflex should be orotracheally intubated in order to secure the largest diameter airway possible

C. Procedure

ALS

1. Prepare equipment:
   a) Endotracheal tube with a outside diameter just smaller than the patient's nostril (minimum 7 mm or greater)
   b) 10-12 mL syringe
   c) Water soluble lubricant or 2% Xylocaine gel
   d) BAAM™ (Beck Airway Airflow Monitor)
   e) Benzocaine spray
   f) BVM with supplemental O2
   g) Stethoscope
   h) Veni-Gard™ or 1" tape for securing the tube
   i) Capnographer
   j) Personal protective equipment (minimum of gloves, goggles/eye protection, and mask)
2. Form the tube in a "U-curve". This can be accomplished by inserting the distal end into the 15 mm adapter, making a loop and allow it to sit while you continue to prepare the equipment.
3. Liberally lubricate the distal end of the tube with a water soluble gel, preferably 2% Xylocaine gel.

4. Attach the BAAM™ to the proximal end of the tube.

5. Administer Benzocaine spray towards the posterior oropharynx (no longer than two seconds) in order to control the gag reflex. Topical anesthesia should occur in approximately 30 seconds.

6. Gently advance the tube into the most patent nostril along the floor of the nasal cavity. NEVER DIRECT THE TUBE UPWARD.

7. Listen for the whistling sound from the BAAM™ as the tube is advanced through the pharynx towards the glottic opening. Sounds may be increased by closing the other nostril and the mouth.

8. When sounds are loudest and misting of the tube is noted, the tube should be near the glottic opening. If at any time the whistle sound becomes distant or absent, withdraw the tube slightly and gently rotate the tube towards the midline and advance again.

9. Once at the glottic opening, insert the tube completely on the next inhalation. If the patient is able, instruct them to take a deep breath. Insert the tube completely until the 15 mm adapter is at the nostril.

10. Inflate the cuff and confirm placement Procedure 03

11. Secure the tube with tape or the Veni-Gard™.

12. For all patients, immobilize the head with a C-collar and blanket roll/Headbed™ to prevent dislodging of the tube secondary to movement of the head.

13. Reconfirm and document proper placement Procedure 03

D. Special Considerations

1. During nasal intubation of the trauma patient with a suspected C-spine injury, care must be taken to maintain in-line stabilization at all times during this procedure.

2. During nasal intubation of the non-trauma patient, it may be helpful to slightly turn the patient's head towards the side of the nostril in which the tube is inserted in order to guide the tube into the glottic area. This should only be done after the tube is through the nares into the pharynx.