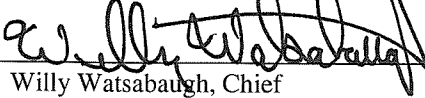




Jackson Hole Fire/EMS Operations Manual

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Title: **Procedure Guidelines:
Nasotracheal Intubation**

Division: 17
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NASOTRACHEAL INTUBATION (Procedure Guidelines)

SCOPE OF PRACTICE

All EMT-Intermediates and Paramedics shall operate within their authorized Scope of Practice as limited to those skills and medication approved for use by the Physician Medical Director and Physician Task Force on Pre-Hospital Care as approve and authorized by the Wyoming Board of Medicine

Scope of Practice: Paramedic

INDICATIONS:

- Respiratory distress/failure with a decreasing level of consciousness, or in deep coma
- Respiratory distress/failure with trismus (clenched teeth)
- Trauma/burn patients without significant midfacial trauma or midface instability

CONTRAINDICATIONS:

Absolute

- Apneic patients
- Patients with suspected epiglottitis
- Trauma patients with midfacial instability
- Pediatric patients < 40 kg or < 8 years of age

Relative

- Basilar skull fracture
- Nasal foreign bodies or large nasal polyps
- Recent nasal surgery or a history of frequent episodes of epistaxis
- Bleeding disorders or those on anticoagulation therapy
- Upper neck hematomas or infections

EQUIPMENT:

- Correct size ETT 6.5 – 7.0 for average size adult female and 7.0 – 7.5 for average size male
- Lidocaine Jelly
- Syringe

- Suction
- Topical vasoconstrictor (Neo-syneprine)
- BAMM Device
- Capnography (preferred) or Colormetric End-tidal CO2 device
- Stethoscope
- Bag-Valve device

PROCEDURE:

- Visually inspect each nare for foreign bodies or large polyps
- Digitally inspect and dilate the selected nare with a gloved and lubricated fifth finger
- Place NPA lubricated with lidocaine jelly in to the selected nare, leave in place while you prepare ETT and BVM
- Remove NPA and instill vasoconstrictor into nare that has been selected
- Place the BAAM device on the universal adapter of the ETT
- Try to advanced the tube through the larynx during **inspiration**
- Continue advancement of the tube watching for condensation in the tube, and listening for the “whistle” of the BAAM device to guide you
 - The BAAM device will make a shrill “whistling” sound as the patient breathes, making it easier to time placement with inspiration. Once placed properly, the “whistling” sound will be heard continuously
- REMOVE the BAAM device from the universal adapter
- Inflate the cuff and confirm tube placement by:
 - Watching for condensation in the ETT
 - Chest rise and fall on ventilations
 - Auscultation of bilateral lung sounds and absence of gastric sounds
 - End tidal CO2 monitoring