Amherst Fire District
Procedure

Nasotracheal Intubation

Clinical Indications:

- A spontaneously breathing patient in need of intubation (inadequate respiratory effort, evidence of hypoxia or carbon dioxide retention, or need for airway protection).
- Patient must be 12 years of age or older.

Clinical Contraindications:

Obvious head trauma. (Risk of inserting the airway into the cranium)

Procedure:

1. Select the largest and least obstructed nostril and insert a lubricated nasal airway to help dilate the nasal passage.
2. Preoxygenate the patient. Lubricate the nasotracheal tube.
3. Remove the nasal airway and gently insert the tube keeping the bevel of the tube toward the septum.
4. Continue to pass the tube listening for air movement and looking for vapor condensation in the tube. As the tube approaches the larynx, the air movement gets louder.
5. Gently and evenly advance the tube through the glottic opening on the inspiration. This facilitates passage of the tube and reduces the incidence of trauma to the vocal cords.
6. Upon entering the trachea, the tube may cause the patient to cough, buck, strain, or gag. Do not remove the tube! This is normal, but be prepared to control the cervical spine and the patient, and be alert for vomiting.
7. Auscultate for bilaterally equal breath sounds and absence of sounds of the epigastrium. Observe for symmetrical chest expansion. The 15mm adapter usually rests close to the nostril with proper positioning.
8. Inflate the cuff with 5-10 cc of air.
9. Confirm tube placement using an end-tidal CO_2 monitoring or esophageal bulb device.
10. Secure the tube with tape and stabilize the head to prevent displacement.
11. Document the procedure, time, and result (success) on/with the patient care report (PCR).

Certification Requirements:

- Successfully complete an annual skill evaluation inclusive of the indications, contraindications, technique, and possible complications of the procedure.