

# Nasotracheal Intubation

## Medical Directive –

### AUXILIARY

An Advanced Care Paramedic may provide the treatment prescribed in this auxiliary Medical Directive if authorized.

#### Indications

Need for ventilatory assistance or airway control;

**AND**

Other airway management is ineffective.

#### Conditions

xylometazoline		lidocaine spray	
<b>Age</b>	N/A	<b>Age</b>	N/A
<b>LOA</b>	N/A	<b>LOA</b>	N/A
<b>HR</b>	N/A	<b>HR</b>	N/A
<b>RR</b>	N/A	<b>RR</b>	N/A
<b>SBP</b>	N/A	<b>SBP</b>	N/A
<b>Other</b>	N/A	<b>Other</b>	Gag reflex

### Nasotracheal Intubation

**Age** ≥ 8 years

**LOA** N/A

**HR** N/A

**RR** N/A

**SBP** N/A

**Other** Spontaneous Breathing

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## Contraindications

### xylometazoline

Allergy or sensitivity to xylometazoline

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### lidocaine spray

Allergy or sensitivity to lidocaine spray

Unresponsive patient

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### Nasotracheal Intubation

Age <50 years **AND** current episode of asthma exacerbation **AND** not in or near cardiac arrest.

Suspected basal skull fracture or mid-face fracture

Uncontrolled epistaxis

Anticoagulant therapy (excluding ASA)

Bleeding disorders

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## Treatment

### Consider xylometazoline 0.1% spray

	Route
	TOP
<b>Dose</b>	2 sprays/nare
<b>Max. single dose</b>	2 sprays/nare
<b>Dosing interval</b>	N/A
<b>Max. # of doses</b>	1

### Consider topical lidocaine spray (to the nares and/or hypopharynx)

	Route
	TOP
<b>Dose</b>	10 mg/spray
<b>Max. single dose</b>	5 mg/kg
<b>Dosing interval</b>	N/A
<b>Max. # of doses</b>	20 sprays

### Consider nasotracheal intubation

The maximum number of intubation attempts is 2.

### Confirm nasotracheal tube placement

Method	Method
<i>Primary</i>	<i>Secondary</i>
ETCO <sub>2</sub> (Waveform capnography)	ETCO <sub>2</sub> (Non-waveform device)
	Auscultation
	Esophageal detection device
	Chest rise

## Clinical Considerations

A nasotracheal intubation attempt is defined as insertion of the nasotracheal tube into a nare.

Confirmation of nasotracheal placement must use ETCO<sub>2</sub> (Waveform capnography). If wave-form capnography not available or not working, then at least 2 secondary methods must be used.

ETT placement must be reconfirmed immediately after every patient movement