AWAKE TRACHEAL INTUBATION (NASAL FOI)

Consider Other Options
- Surgical Airway under LA
- Awake Oral intubation – VL or FOI
- Optimised RSI VL +/-FOI, +/- FOI via LMA, with double set up for surgical airway
- Transport unintubated

DISCUSS WITH DRC via ACC or 9709 6856

Relative contraindications to Awake intubation:
- Time critical clinical condition
- Unco-operative/combative patient
- Fluid/secretions in airway (obscure camera)
- Severe glottic obstruction
- Laryngeal disruption

SET-UP

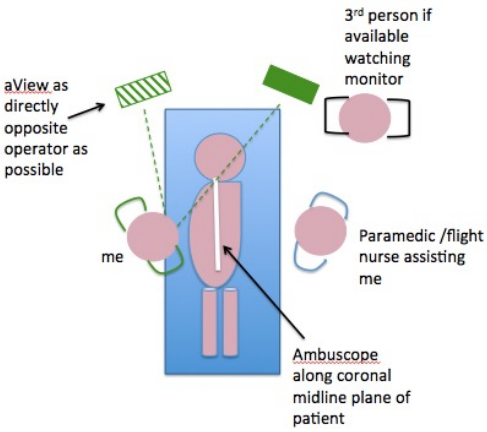
Aview plugged in & positioned in eyeline of intubator (picture overleaf)
Ascope 5.0 connected, check flexion & picture, lube lightly, +/- suction
6.0 flexible ETT – cuff fully deflated and lubed
Oxygenation plan - HFNP, nasal prongs, cut O_2 mask
Sedation/analgesia plan PRN – small alliquots Ketamine or Fent/Midaz
Topicalisation plan – see recipe card
Assistant, team and patient brief – taste, discomfort, PPE, hand hold
RSI checklist & airway equipment, post ETT sedation & paralysis ready
Team brief including acceptable SpO_2, failed intubation plan

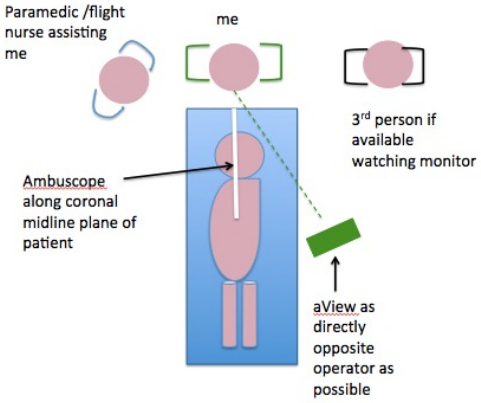
PROCEDURE

O	Oxygenate throughout – HFNP, nasal prongs, cut O_2 mask
X	Reassure patient and topicalise (recipe card) +/- sedation
Y	Insert nasal ETT to length of nasopharyngeal airway (max 14cm) – anticipate turbinate pressure and warn/analgesia.
G	Consider recording on phone in addition to aView
E	Insert Ascope through ETT, spray cords, wait… go towards carina
N	Railroad ETT with twist -> remove Ascope visualizing ETT in trachea (reassure pt as airway now blocked)
A	Inflate ETT cuff gently & confirm $ETCO_2$ waveform -> IV drugs
T *E*	Note ETT depth & secure ETT – paeds tape. Guide depth 26cm F 28cm M at nose.

Awake intubation – procedure - side 2

Ambu operator & screen position – operator at head or side of bed as preferred – screen within easy eyeline.





TROUBLESHOOTING

Turbinate discomfort	Systemic analgesia
Gag	LA to base of tongue, vallecula, epiglottis
Epiglottis against wall	Protrude jaw/tongue, Bulldog face
Excess saliva hampering topicalisation	Redose antisialogogue; suction catheter & manual drying
ETT hang up on glottis	Withdraw, rotate, deep breath
Cuff leak / no $ETCO_2$	6.0 ETT may need 20ml air in cuff to seal

AWAKE ORAL VL INTUBATION - variations

Topicalise throat, tongue and larynx as for nasal intubation

Select adjunct -bougie or stylet - and VL blade type – Mac or D

[Use bite block & guide for oral flexible scope intubation]

Select position – sitting patient usual, operator facing from infront.

Rehearse positioning and which hand is holding what before start.