Awake Fiberoptic Nasal Intubation Protocol

1. **Topical Anesthesia**
   - Phenylephrine Nasal Spray - 2 sprays each nostril

2. **Nebulize Lidocaine (no epi) at 5LPM**
   - 5mL of 4% lidocaine OR
   - 8mL of 2% lidocaine
   - Atomize 4% Lidocaine using MAD - 1 mL per nostril

3. **Light Sedation**
   - Ketamine 0.2 – 0.5 mg/kg IV OR midazolam 0.05 mg/kg IV
   - Ketamine 20 mg q 3 min OR midazolam 2 mg q 3 min

4. **Vasoconstrict**
   - Place ET tube (6.0-6.5 for most) up to top of scope, lubricate outside of tube
   - Advance scope into nare, turn camera down, advance to cords
   - Either visualize cords and proceed with paralysis/sedation OR
   - Pass scope through cords down to carina

5. **Paralyze/Sedate**
   - Rocuronium 1-2 mg/kg IV OR succinylcholine 1.5 mg/kg IV
   - Ketamine 2 mg/kg IV OR etomidate 0.3 mg/kg IV

6. **Intubate**
   - Ensure scope to carina
   - Pass ET tube all the way
   - Back up scope and tube to 3 cm above carina
   - Remove scope

**Max of 4 mg/kg or 300 mg mucosal lidocaine (7 mL of 4% in 70 kg)**

May substitute benzocaine spray
Plug In

Toggle between scope and blade

White balance

Video

Still Image

Depress for suction

Attach suction

Place ET Tube (6.0 smallest) to hub

Optional:
- Instead of attaching suction, you can place medical air tubing (or oxygen tubing) to the suction port and blow air out the end of the scope to move secretions out of the way.

Proper Technique:
- Extend scope fully
- Insert scope and advance with one hand
- Control scope with wrist and thumb of the back hand only.
- Do not twist scope with front hand