

## Basic technique for awake fibre-optic nasal intubation

*Mr David McCluskey  
Dr Cyprian Mendonca*

**The following is only a guide to the methods used. Many Anaesthetists have their own preferences and techniques.**

Please calculate dosage for local anaesthetic for each patient (maximum 7-8 mg/kg)



Administer 200mcg of Glycopyrrolate IV



Administer 0.5 – 1mg of Midazolam IV

**Vasoconstrict nasal passage**



Spray 2.5mls of 0.5% phenylephrine and 5% lidocaine premixed solution into both nostrils.

In addition, anaesthetise nasal passage using one of the following technique.



Spray 2mls of 4% lidocaine through nostril using nasal M.A.D device. Any solution which trickles down into the back of the throat can be gargled by the patient, then spat out.



Soak a dental roll or rolled up gauze swab in 4% lidocaine and place in the nostril.

Anaesthetise oropharynx using one or combination of the following technique.



Use either the M.A.D device or the Mackenzie technique (or both) to spray 4-6 ml of 4% lidocaine to the soft plate, base of tongue and posterior pharyngeal wall. At this point ask the patient to hold the local in the mouth and gargle the solution for 30 seconds .They can spit it out.

### Sedation technique



TCI Remifentanyl, plasma conc. 2-4 ng/ml or TCI Propofol 1%, plasma conc. of 1mcg/ml

### Spray as you go technique



Have an epidural catheter threaded through your scope so you can administer local anaesthetic to epiglottis, cords and trachea. You can use a about 2 ml of 4% lignocaine. Just dribble drop by drop through epidural catheter rather than a spray.

### Oxygenation



Once sedation has started you can attach your preferred method of administering oxygen to the patient.

*Use along with the Anaesthetist preference sheet and how to set up equipment found in TH5 for full guidance.*