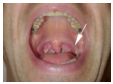
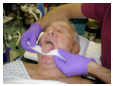
Adult awake intubation made easy (and needle-less)!

1) Explanation: Explain the decision to use awake intubation in terms of safety (patients understand safety). If need be, say that you are examining the airway to delineate the anatomy, and after a brief, innocuous exam, explain the intubation.
2) Desiccation: Dry secretions to promote local anesthetic effect, reduce reflexes & increase visibility. Allow 15 min before beginning oral/pharyngeal/tracheal topical anesthesia. Glycopyrolate 0.2-0.4 mg IM or IV.
3) Dilation: "prepare the nose" no matter what the plan – very little effort, and big advantage if you later need a nasal route. Oxymatazoline, 1-2 sprays each nostril.
4) Topicalization: think "3 areas"



a. Nasal: block pain -- swabs with LA* placed to roof of cavity (ant. ethmoid n), and posteriorly to "bone" (nasopalantine n). Progress posteriorly over 5min.



b. Posterior pharyngeal wall / base of tongue: block gag -swabs with LA* against base of palatoglossal arches

c. Hypopharynx/trachea: block laryngospasm and cough -- wrap & pull tongue forward, drip lidocaine solution onto back of tongue.
d. Reinforce via fiberscope PRN. Use Ovassapian epidural catheter

5) Sedation: Single or double agents only (avoid polypharmacy) Reversal agents immediately available. In a critical patient the goal is for patient cooperation and airway self-protection.
6) Procrastination: Start procedures early – e.g., #1,2,3 in changing area, #4a,b in holding, #4c outside OR.

*My preferred local anesthetic is lidocaine – it comes in several forms (5% ointment (4a,4b), 2% viscous (4c), 2% or solution (4d)). I stay with one agent for max dose calculation.

PEAE: preoperative endoscopic airway evaluation for the unknown airway, a 5 minute nasalpharyngoscopy. Questions:

1) Is there a straight line of site to the glottis?
2) Any contraindication to DL?
3) Any special lesion which would prevent SGA placement