

Flexible Awake Intubation

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Disclosures

Owner of Airway Simulation Ltd. and the ORSIM bronchoscopy simulator

Owner of the AirwaySkills course which has accepted equipment from Olympus, Karl Storz, Covidien, LMA, Ambu, Parker, Welch Allyn, Cook, King Systems, Verathon, Truphatek and Dietmar Enk.

PREPARATION

SEDATION

TOPICALISATION

INTUBATION



Why intubate awake?

- Awake intubation is a very safe technique
 - Spontaneous breathing is maintained
 - Protective reflexes are maintained
 - Fiberoptic intubation in an awake patient may be easier
 - Neurological symptoms may be monitored in an awake patient
-
- **EVERY** advanced airway practitioner should be able to perform an awake intubation



OXYGEN



**It's never too
late for
Glycopyrrolate**



SEDATION

None

Midazolam 20 - 40µg/kg iv repeat 5min intervals up to 0.1-0.2mg/kg, provides anxiolysis, sedation and amnesia.

Onset 1-5mins, peak 5-7mins, duration 20-30mins.

Fentanyl 1µg/kg iv onset 2-3mins, duration 0.5-1 hour, for sedation, analgesia, depression of cough and airway reflexes.

Propofol 0.25mg/kg, 1-3 mg/kg/hr

Remifentanyl 0.05-0.5µg/kg/min iv for rapid onset of 1min, short duration 5-10min

Ketamine 0.2-0.5mg/kg iv or 3mg/kg nasally,

Dexmedetomidine , a highly specific alpha₂ adrenoreceptor agonist with sedative, analgesic and anaesthetic sparing effects that cause sedation without a change in ventilatory status.

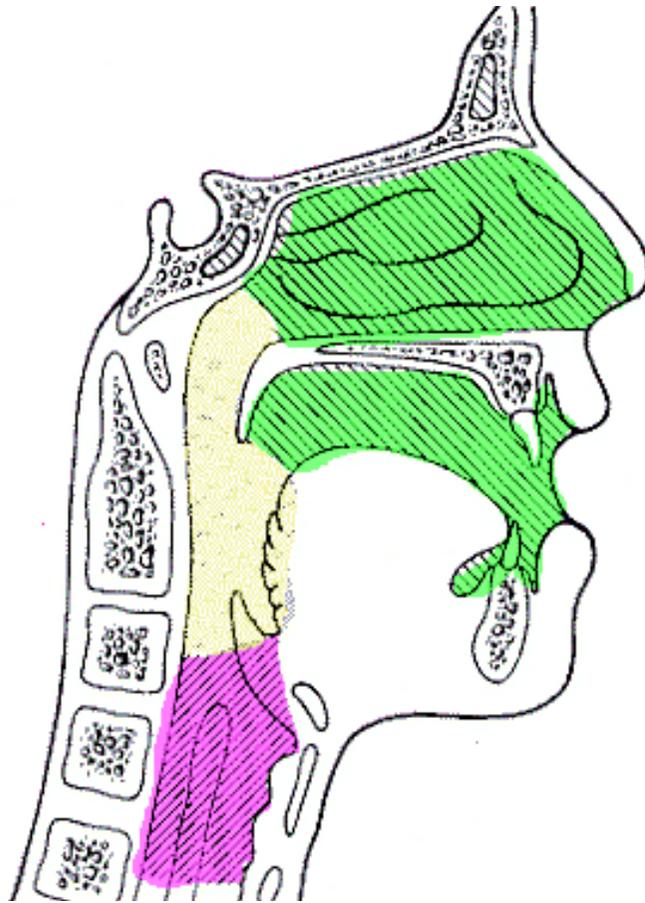
Formulation 2ml = 200µg. Loading dose 0.5-1µg/kg. Give by infusion. Make up to 50ml with 48ml NSaline + 2ml Dexmedetomidine. Infuse over 10 minutes at 0.2-0.7 µg/kg/hr for comfort and sedation.

Beware of mixing drugs

Amnesia is not necessary

Do not use sedation to substitute for poor topicalisation

Topicalizing the airway - a Three Step Programme



Lignocaine

Onset 1-2mins

Peak 2-5 mins

Duration 15-40 mins

Dose 5-9 mg.Kg⁻¹

TOPICALISATION ATOMISER



EZ100c Atomiser and Power Sprayer
Single use



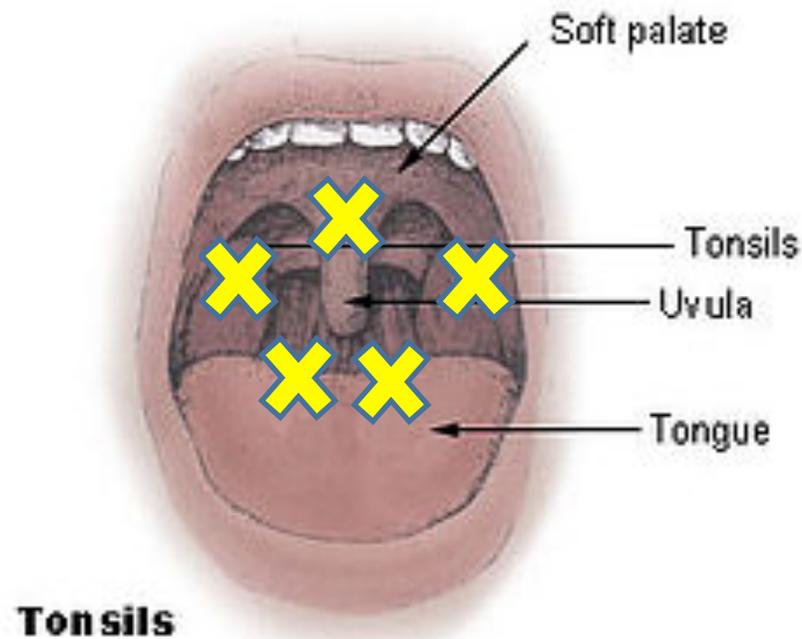
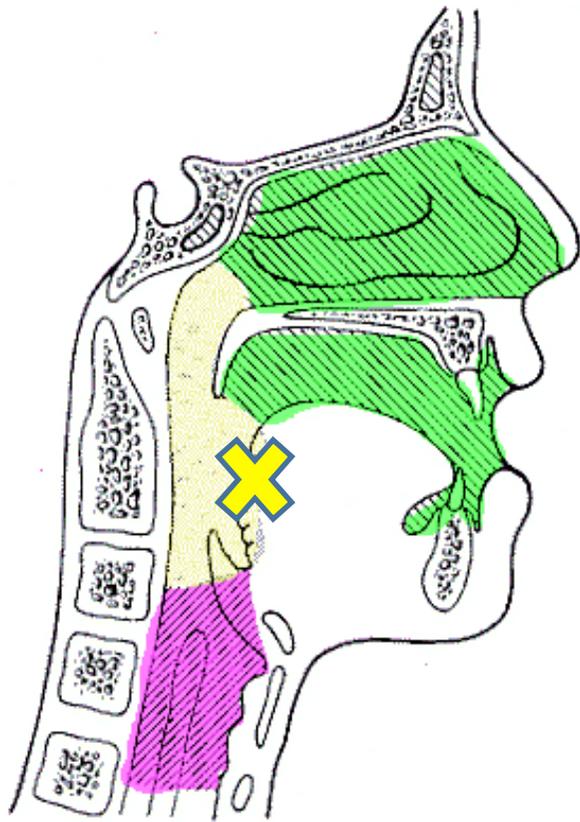
DeVilbiss Atomizer. Re-usable

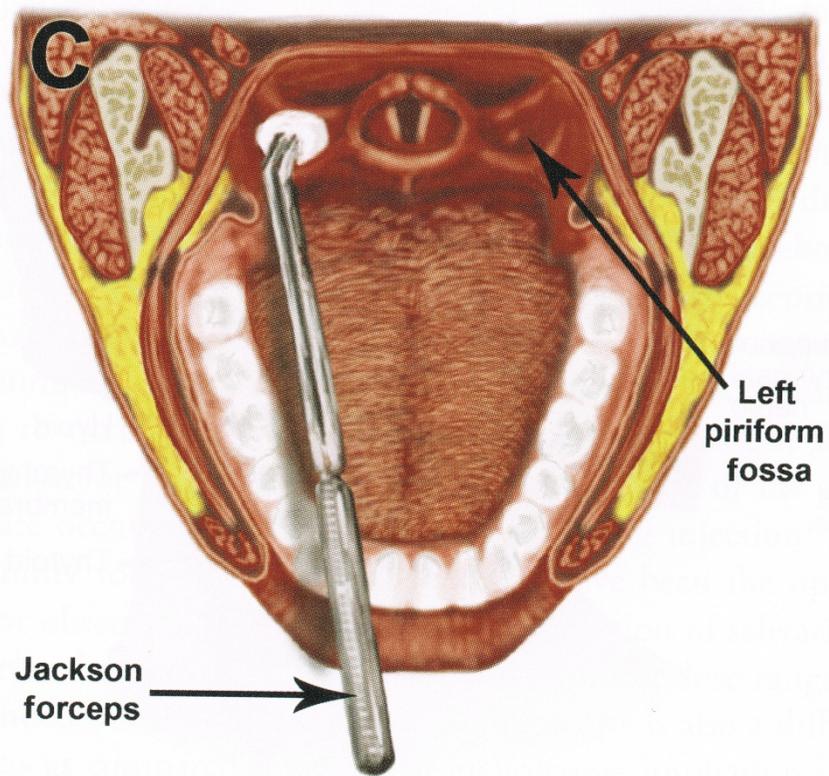
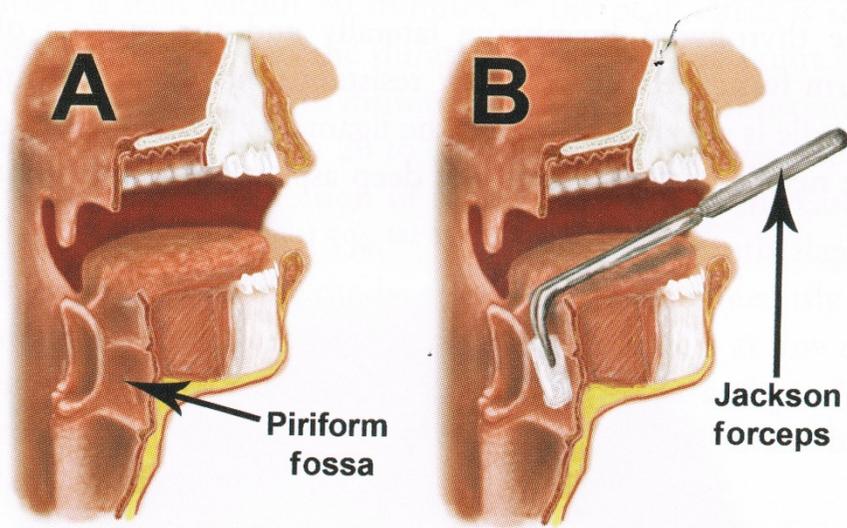
TOPICALISATION



2. Get rid of oropharyngeal gag

- Uvula, tonsillar pillars, drizzle down back of tongue





Picture from Hung O et al. The Difficult and Failed Airway. 2nd edition. McGraw-Hill Medical 2011.

3. Anaesthetise below the cords

Choose from....

1. Devilbiss atomiser from above
2. “Spray-as-you-go” down epidural catheter
(inserted in suction port of flexible bronchoscope)
3. Cricothyroid puncture

FOR INFANTS

TOPICALIZATION WITH A PACIFIER

Remove plunger from syringe and fill with lignocaine jelly



Inject lignocaine jelly, and make several perforations

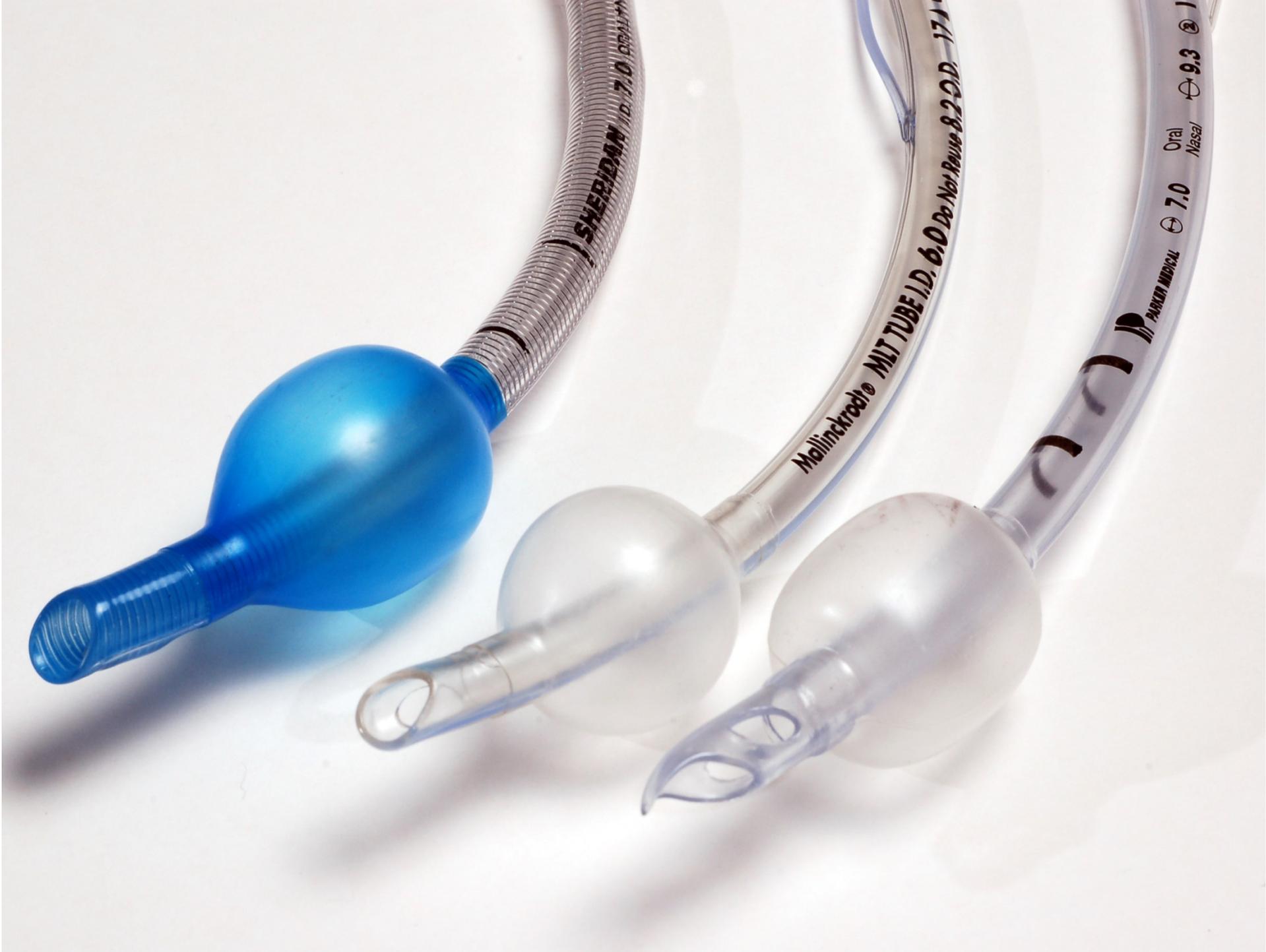


SECURE VENTILATION AWAKE



INTUBATION THROUGH THE SGA





SECURE THE TUBE



**"That's
all
folks!"**

