

## FIBEROPTIC INTUBATION CHECKLIST

### Preoperative evaluation

Discuss the risks and benefits with patient about fiberoptic intubation and answer questions.

Check coagulation if nasal approaching

### Intubation tube preparation

Pick up the size and type of ETT: Parker Flex Tip, Nasal Ray, Reinforce ...

### Bronchoscope preparation

Light source high

Adult vs Peds scope

Check and adjust focus

Defog and clean tip

Connect and check suction port

Hold scope in left hand, control lever with left thumb

Maneuver scope with right hand

Load tube onto proximal part of scope

Lower the bed, us stools if needed

### Additional equipment and drugs

Prepare for general anesthesia: ETT with stylet, blades, induction agent and paralytics

Gauze to pull tongue

Ovasappian airway

Nasal airway to dilate passage

Neosynephrine nasal drops

Hurricane spray

Lidocaine 4%; two syringes with 3-5cc to spray cords via FOB

Lubricating jelly

Calculate the max total dose of topical lidocaine to airway (should be < 4mg/kg),

Always monitor the patient for signs and symptoms of toxicity.

LMA #4 mask fits smallest tube

### Patient preparation

Premedication: glycopyrolate and/or midazolam

Additional IV sedation as needed (Remifentanly infusion, Dexetomidate infusion )

Sniffing position,

Preoxygenation

For awake intubation, may give Remifentanyl gtt starting at 0.05 ug/kg/min and titrated upwards to 1;

Or Dexmedetomidine bolus with 1 mcg/kg over 10 minutes, followed by a maintenance infusion of 0.2-0.7 mcg/kg/hour;

Or give Midazolam 1-2 mg.

**Asleep fiberoptic intubation, if can ventilate, can't intubate**

Call for help and equipment

Continue masking

Attending attempt or wake patient up

**Asleep fiberoptic intubation, can't ventilate, can't intubate**

Call for help and equipment, go by difficult airway algorithm

For further attempt, try insert LMA#4, ventilate if possible

Intubate through LMA with peds scope loaded with lubricated 6.0 ETT

With a critical airway, always consider a surgical airway (cricothyroidotomy). A #3.0

ETT adapter will fit IV catheter if used for a needle and this can be connected to an

AmbuBag or the ventilator.

**Troubleshooting:**

- 1 See nothing but red:  
Stop advancing. Pull scope back; adjust tip direction to find the view.
- 2 Excessive secretions:  
Give glycopyrrolate. Suction orally prior to attempting FOB and use suction port of FOB
- 3 Inability to withdraw the FOB after placing the ETT:  
Lubricate the inner ETT before loading onto the FOB. Try passing a wire throu the ETT before removing the FOB and ETT together, which may allow you to have a pathway to the airway for the next attempt
- 4 Unable to pass the ETT off the FOB and into the airway.  
Retract the ETT and rotate counter clockwise 90 degrees. Keep repeating this maneuver but remember to pull the tube back before turning to get the tip into a different position
- 5 Can't do this:  
Keep practicing!

**Miscellaneous**

Estimate cost of equipment

Adult FOB \$16,000

Peds FOB \$10,000

Light source \$1000

Repairs Minor \$1000 for clogged suction port

Major \$3000 for broken thumb control or light wand replacement

Please take care of your toys!