Awake Fiberoptic Intubation—
Precedex® Adult Treatment Protocol

Infuse Precedex with a controlled infusion device.

In patients already sedated with other anesthetics, sedatives, hypnotics or opioid analgesics, a Precedex loading dose may not be necessary.

Coadministration of anesthetics, sedatives, hypnotics and opioids with Precedex can enhance the pharmacodynamic effects of these agents. A reduction in the dosage of Precedex or the concomitant medication may be required.

Patients receiving Precedex may be arousable and alert when stimulated. This alone should not be considered as evidence of lack of efficacy in the absence of other clinical signs and symptoms.

Apply Airway Topical Anesthesia

- Deliver nebulized 4% lidocaine (2 to 4 mL) over 10 min using a standard nebulizer with oxygen 8 to 10 L/min
- If possible, have the patient gargle with 4% viscous lidocaine (1 to 2 mL)
- For nasal intubation, place 2% lidocaine jelly (1 to 2 mL) within the nostril
- Assess sedation level (target RSS ≥2)

Assess Topicalization

- Oral intubation: Stimulate the uvula, tongue and bilateral posterior pharyngopalatine fauces with a wooden tongue blade
- Nasal intubation: Stimulate the posterior nares at least 3 cm from the anterior os with a soft-tipped swab stick in addition to stimulating the uvula, posterior tongue and bilateral posterior pharyngopalatine fauces with a wooden tongue blade

Intubate the Patient After Adequate Topical Anesthesia, RSS ≥2 and Absence of Gag Reflex

- Administer additional 2% lidocaine (in 1 to 2 mL aliquots) to the lower airway via the working channel of the bronchoscope
- Ask the patient to take slow, regular and deep breaths to facilitate distribution of the local anesthetic to the lower airway
- Administer 0.5 mg midazolam as needed (maximum 0.2 mg/kg) until RSS ≥2

Premedicate With Glycopyrrolate 0.1 mg IV

- Helps minimize aspiration risk by:
  - Reducing salivary, tracheobronchial and pharyngeal secretions
  - Reducing volume and free acidity of gastric secretions
- Glycopyrrolate can also be used intraoperatively to counteract surgical, drug-induced or vagal reflexes associated arrhythmias and protect against peripheral muscarinic effects (e.g., bradycardia and excessive secretions) of cholinergic agents.

Start Supplemental Oxygen by Nasal Cannula or Face Mask

Expect Moderate Decreases in BP & HR

If intervention is required, consider:

- Reducing Precedex dosage
- Discontinuing Precedex
- Administering intravenous fluid
- Elevating lower extremities
- Administering glycopyrrolate or atropine

Transient Hypertension Also May Occur

This occurs primarily during the loading infusion. Treatment has generally not been necessary, although reduction in the loading infusion rate may be desirable.

Safety Considerations

Hypotension and bradycardia may necessitate intervention and may be more pronounced in patients with hypovolemia, diabetes mellitus or chronic hypertension as well as in the elderly. Use with caution in patients with advanced heart block or severe ventricular dysfunction.