

Airway Management- Rapid Sequence Intubation

1. Prepare equipment and medications.
2. Pre-oxygenate.
3. Pre-treat (2-3 minutes)
 - Administer Atropine 0.02 mg/kg IV/IO (minimum dose of 0.1mg)
 - Given for **ALL** pediatric patients and adults with a heart rate of less than 60.
 - **Consider** Lidocaine 1.5 mg/kg IV/IO
 - Given to all patients with suspected head injury.
 - Administer Etomidate 0.3 mg/kg IV/IO over 30-60 seconds.
4. Paralyze:
 - Administer Succinylcholine 1.5 mg/kg IV/IO (max dose 200mg).*
 - *If Succinylcholine is contraindicated, or Succinylcholine is unavailable administer Rocuronium 0.6 -1.2 mg/kg IV/IO.**
5. Apply cricoid pressure (Sellick's Maneuver) upon administration of the selected paralytic and maintain until the patient is intubated and proper tube placement is confirmed.
6. Confirm endotracheal tube placement (visualization, auscultation, esophageal intubation detector and / or color-metric / waveform Capnography).
7. Sedation:
 - Consider Versed 0.1 mg/kg IV/IO (slow bolus repeated as needed to maintain ETT).
 - OR**
 - Consider Lorazepam 1-2mg IV/IO (bolus as needed to maintain ETT).
 - **In the event that Rocuronium is used when Succinylcholine is unavailable administer Lorazepam.**
8. Post-intubation care & monitoring / Continued sedation PRN:
 - Consider Rocuronium 0.6 – 1.2 mg/kg IV/IO PRN for poor bag compliance 2* chest wall rigidity.
 - **In the event that Rocuronium is used to maintain paralysis administer appropriate sedative concurrently**

High lighted area represent current changes