

Endotracheal Intubation RSI – 30.050

OBJECTIVES:

- A. To facilitate orotracheal intubation
- B. To protect from increased ICP associated with direct laryngoscopy.
- C. To reduce the discomfort and trauma of intubation in conscious patients.

INDICATIONS:

Patient meets indications previously noted in the orotracheal intubation protocol AND:

- A. Clenched jaw or active gag reflex.
- B. Combativeness threatens the airway, spinal cord stability, and/or transport safety.
- C. The patient is conscious.

CONTRAINDICATIONS:

- A. Inability to ventilate adequately with a bag-valve mask in the event of failed intubation.

PROCEDURE:

- A. Prepare, position, and pre-oxygenate
- B. Adjuncts
 1. NO DESAT: Increase nasal cannula oxygen to 25 LPM minimum 3 min BEFORE meds are given.
- C. Induction agents. *Give only 1.*
 1. **Etomidate 0.3 mg/kg IV/IO. Single max dose of 30 mg.**
 2. **Ketamine 1 - 2 mg/kg IV/IO. Single max dose of 200 mg.**
 3. **Midazolam 0.1 mg/kg IV/IO. Single max dose of 10 mg.**
- D. Paralytic agents. *Give only 1.*
 1. **Succinylcholine 1.5 mg/kg IV/IO.**
 2. **Rocuronium 1 mg/kg IV/IO.**
- E. Assess for apnea and jaw relaxation and gently intubate in a controlled but timely manner when patient becomes relaxed.
- F. Confirm ETT placement, reassess V/S and document as outlined in orotracheal protocol.
- G. Continued sedation and analgesia are paramount.
 1. **Midazolam 2.5 - 5 mg IV/IO. Single max dose of 5 mg.**
 2. **Ketamine 1 - 2 mg/kg IV/IO.**
 3. **Fentanyl 1 - 2 mcg/kg IV/IO.** (Use in conjunction with sedation med)
- H. Continue paralysis as needed.
 1. **Rocuronium 0.3 - 0.5 mg/kg IV/IO.**

COMMENTS

- A. Consider sedation utilizing Ketamine for those patients in whom difficult airway is suspected or with suspected lower airway obstruction: i.e. status asthmaticus, COPD, or severe bronchiolitis.

COMPLICATIONS

- A. Cardiac dysrhythmias.
- B. Hyperkalemia.
- C. Fasciculation's from paralysis.
- D. Vomiting and/or aspiration.
- E. Esophageal intubation – unrecognized esophageal intubation is a “never event”.
- F. Prolonged paralysis & malignant hyperthermia.
- G. Oral trauma.

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PEDIATRIC RAPID SEQUENCE INTUBATION (RSI):

PROCEDURE:

- A. Prepare, position, and pre-oxygenate
- B. Adjuncts
 1. NO DESAT: Increase nasal cannula oxygen to 15 LPM AFTER medications are given.
 2. RSI for pediatrics 2 years and under **Atropine 0.02 mg/kg IV** (minimum dose of 0.1 mg)
- C. Induction agent.
 1. **Etomidate 0.3 mg/kg IV/IO**
 2. **Ketamine 1.5 mg/kg IV/IO**
- D. Paralytic agents. *Give only 1.*
 1. **Succinylcholine 2 mg/kg IV/IO**
 2. **Rocuronium 1 mg/kg IV/IO**
- E. Assess for apnea and jaw relaxation and gently intubate in a controlled but timely manner when patient comes relaxed.
- F. Confirm ETT placement, reassess vitals and document as outlined in the orotracheal protocol.
- G. Continued sedation and analgesia are paramount. Continue paralysis as needed.
 1. **Midazolam 0.1 mg/kg IV/IO** and/or
 2. **Ketamine 0.5 - 1 mg/kg IV/IO**
 3. **Fentanyl 0.5 mcg/kg IV/IO** (Use in conjunction with other sedation med)