

RAPID SEQUENCE INTUBATION ALGORITHM

PLAN

- Is RSI indicated?
- Assess for any airway difficulties
- Consider contraindications
- Determine plan for unsuccessful intubation
- Determine roles
 - Team leader
 - Scribe/Timer
 - Airway
 - Medications
 - Vitals and monitoring



PRE-INTUBATION

- Position patient
 - Ear to sternal notch -> sniffing position
 - "RAMP" if obese
- Maintain C-spine precautions if indicated
- Pre-Oxygenate
 - Nasal cannula w/ETCO2 @ 15 LPM
- IV/IO
- Prepare equipment and medications



"SOAPME"

- Suction
- Oxygen
 - BVM
- Airway Equipment
 - NPA/OPA
 - Laryngoscope/blades
 - ETT, 10cc syringe, tube holder
 - Bougie
 - Backup airway
 - I-GEL, Cric
- Pharmacological Agents
 - Pre-Treatment
 - Induction Agents
 - Paralytics
 - Fluids
 - Pressors
- Monitoring & Equipment
 - Cardiac monitoring
 - ETCO2
 - SPO2
 - BP

RAPID SEQUENCE INTUBATION ALGORITHM

INDUCTION/PARALYSIS

- **Induction (Sedation)**
 - Ketamine – 1mg/kg IV/IO over 1 minute
 - Midazolam (Versed) – 2mg IV/IO
 - Repeat if inadequate sedation is achieved
- **Paralytic**
 - Succinylcholine – 100 mg IV/IO
 - Rocuronium – 1mg/kg IV/IO
 - Repeat if inadequate paralysis is achieved



INTUBATION

- Suction if necessary
- Confirm placement
 - Cord visualization
 - ETCO₂
 - Lung sounds with equal chest wall movement
 - EDD device
 - If intubation is unsuccessful, reassess & reattempt X 3
 - Consider utilizing emergency backup airway



POST-INTUBATION

- If airway has been confirmed, secure airway with appropriate device
- Maintain SPO₂ ≥ 96%
- Is patient adequately sedated?
 - Administered further sedation & pain management if patient shows signs of agitation or pain
 - Ketamine, Versed, Fentanyl
 - ↑HR, ↑BP, ↑muscle movement/activity

PHARMACOLOGY

- Pre-Treatment
 - Consider Lidocaine for head injury
 - 1 mg/kg IV/IO over 2 minutes
- Induction (Sedation) Agents
 - Ketamine is preferred for asthmatic patients
 - Midazolam is preferred for seizure patients
- Paralytics
 - Succinylcholine is contraindicated:
 - Known or suspected severe hyperkalemia (Dialysis)
 - Crush and Burn injuries > 24 hrs
 - Malignant Hyperthermia
 - Muscular Dystrophy
- Post-Intubation Sedation:
 - Adequate sedation and pain management is the goal:
 - Ketamine: 1mg/kg IV/IO
 - Versed: 2mg IV/IO
 - Fentanyl: 0.5-1 mcg/kg IV/IO
 - Ketamine is preferred if hypotensive
- Fluids and Pressors
 - Maintain a MAP of 60 or SBP > 90 mmHg
 - Fluid resuscitation- 20 mL/kg up to 500 mL
 - Push dose Epi- 5-20mcg