

PATIENT

PLAN

Primary approach: ETT
Secondary approach: SGA
BVM+Adjunct
Can't Oxy, can't Vent: Surg Cric

ASSIGN ROLES

CONTACT MEDICAL COMMAND

Request medication orders for pre- and post-intubation

Pre-OX

HiFlow Nasal Cannula at 10+lpm
Ear-to-Sternal Notch
Head of Bed@30°
OPA/NPA
BVM +PEEP VALVE

Ventilate PRN

MONITOR

EKG
BP – q2 min cycle
SpO2 on hand opposite BP Cuff
EtCO2 attached to BVM

PREPARATION

Tube Roll Preparation

Prepare and Check Blades (VL if avail)
ETT (size plus one smaller)
Syringe – check balloon
Bougie- Open and Prepared
Tube holder
Supraglottic airway
Add'l airway adjuncts
Suction tested and running

Medications

Ketamine 2mg/kg IV
(see dosing chart on reverse)

IV Fluid running wide open

Pushdose Epi – mixed & labeled

PATIENT GOALS

O2 sat ≥ 94% AND SBP >100

**IF PATIENT GOALS NOT MET –
DO NOT INTUBATE
Proceed with Airway Management
with SGA**

PERFORM

PUSH Sedative Medication

Push-dose Epi

Have Push-dose Epi Immediately available

PERFORM INTUBATION

**IF O2 sat < 94% OR SBP <100
ABORT ATTEMPT
Manage Airway with BVM/SGA
Correct Abnormal Vitals**

If not successful, attempt
MAX 1 additional time

Post intubation

Confirm with waveform EtCO2
Press print to capture waveform
Repeat VS – intervene as indicated

Additional Sedation

If Ketamine, delay 10-15 min

Ketamine (IV) for Intubation							
CONFIRM MEDICATION CONCENTRATION: 100mg/mL							
Wt (Kg)	Wt (Lbs)	Dose (mg)	mL of Ketamine	Wt (Kg)	Wt (Lbs)	Dose (mg)	mL of Ketamine
40	88	80	0.8	115	253	230	2.3
45	99	90	0.9	120	264	240	2.4
50	110	100	1	125	275	250	2.5
55	121	110	1.1	130	286	260	2.6
60	132	120	1.2	135	297	270	2.7
65	143	130	1.3	140	308	280	2.8
70	154	140	1.4	145	319	290	2.9
75	165	150	1.5	150	330	300	3
80	176	160	1.6	155	341	310	3.1
85	187	170	1.7	160	352	320	3.2
90	198	180	1.8	165	363	330	3.3
95	209	190	1.9	170	374	340	3.4
100	220	200	2	175	385	350	3.5
105	231	210	2.1	180	396	360	3.6
110	242	220	2.2	**CONFIRM MEDICATION CONCENTRATION**			

Unexpected Change in Patient Status?

D	Dislodgement – check EtCO2
O	Obstruction – kinked tube? suction tube!
P	Pneumothorax – absent unilateral breath sounds? Needle decompress as indicated!
E	Equipment – BVM, O2, ETT Balloon Failure?
S	Breath Stacking – Disconnect BVM and squeeze chest

Push-dose EPINEPHrine

- 1) Label empty 10mL syringe with Push-dose EPIneprine label
- 2) Draw up 1mL of cardiac epi (0.1mg/mL) in empty 10cc syringe using green medication dispenser adapter
- 3) Draw up 9mL Normal Saline & shake
- 4) The syringe now has 10 mL of Push-dose EPINEPHrine 10mcg/mL
- 5) Administer 1-2mL (10-20 mcg) every 2-3 minutes for hypotension (MAP <65) as directed by protocol or medical command order

