

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 *(dosing chart on reverse)*

Ketamine 2mg/kg IV

Etomidate 0.3 mg/kg IV

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

If Etomidate, administer per MCP

Ketamine (IV) for Intubation							
CONFIRM MEDICATION CONCENTRATION: 50mg/mL							
Wt (Kg)	Wt (Lbs)	Dose (mg)	mL of Ketamine	Wt (Kg)	Wt (Lbs)	Dose (mg)	mL of Ketamine
40	88	80	1.6	115	253	230	4.6
45	99	90	1.8	120	264	240	4.8
50	110	100	2	125	275	250	5
55	121	110	2.2	130	286	260	5.2
60	132	120	2.4	135	297	270	5.4
65	143	130	2.6	140	308	280	5.6
70	154	140	2.8	145	319	290	5.8
75	165	150	3	150	330	300	6
80	176	160	3.2	155	341	310	6.2
85	187	170	3.4	160	352	320	6.4
90	198	180	3.6	165	363	330	6.6
95	209	190	3.8	170	374	340	6.8
100	220	200	4	175	385	350	7
105	231	210	4.2	180	396	360	7.2
110	242	220	4.4				
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

Etomidate for Intubation							
Wt (Kg)	Wt (Lbs)	Dose (mg)	mL of Etomidate	Wt (Kg)	Wt (Lbs)	Dose (mg)	mL of Etomidate
40	88	12	6	105	231	12	6
45	99	14	6.75	110	242	14	6.75
50	110	15	7.5	115	253	32	15.75
55	121	17	8.25	120	264	33	16.5
60	132	18	9	125	275	35	17.25
65	143	20	9.75	130	286	36	18
70	154	21	10.5	135	297	38	18.75
75	165	23	11.25	140	308	39	19.5
80	176	24	12	145	319	41	20.25
85	187	26	12.75	150	330	42	21
90	198	27	13.5	155	341	44	21.75
95	209	29	14.25	160	352	45	22.5
100	220	30	15	**Confirm Concentration** ** Etomidate 2mg/mL **			

Push-dose EPINEPHrine

- 1) Label empty 10mL syringe with Push-dose EPIneprhine 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

