



Pearls

- All drug dosages listed in this protocol apply to **ADULT & PEDIATRIC** Patients
- Once a patient has been given a paralytic drug, **YOU ARE RESPONSIBLE FOR VENTILATIONS!**
- This procedure will take away the patient's airway away so you must be sure of your ability to intubate before giving drugs.
- Continuous Waveform Capnography and Pulse Oximetry and are required for intubation verification and ongoing patient monitoring
- Before administering any paralytic drug, screen for contraindications and complete a thorough neurologic exam.
- If First intubation attempt fails, make an adjustment and try again:
 - Different laryngoscope blade
 - Change head positioning
 - Different ETT size
 - Change cricoid pressure
 - Consider applying BURP maneuver (Back [posterior], Up, and to pt's Right Pressure)
- This procedure requires at least 2 personnel. Divide the workload - ventilate, suction, cricoid pressure, drugs, intubation.
- All equipment must be in place and ready for use prior to administering any RSI drugs.
- Protect the patient from self extubation when the drugs wear off. Longer acting paralytics may be needed post-intubation.
- **If re-dosing Succinylcholine you must have Atropine 0.5 mg IV ready and available to administer due to risk of severe bradycardia**