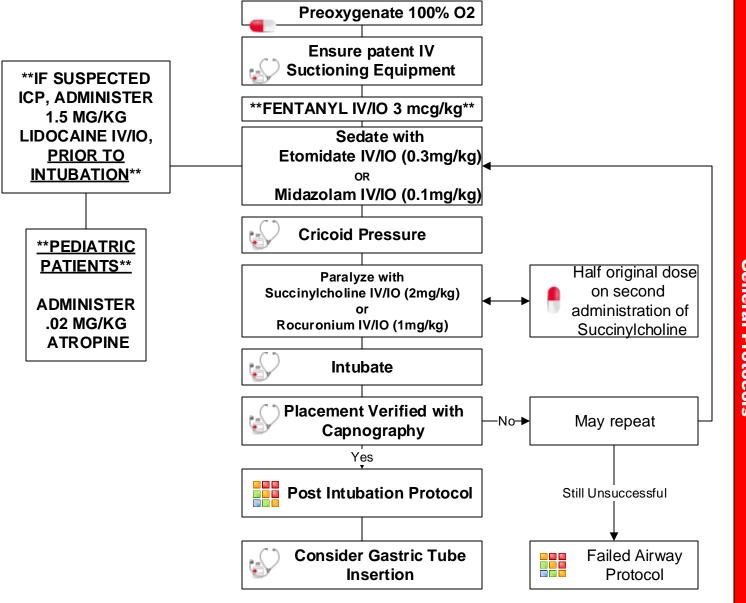


## Airway, Rapid Sequence Induction





## 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