Delayed Sequence Intubation (DSI) Progression

Patient A patient requiring emergent airway management, but resistant to preintubation preparations because of altered mental status Dissociation Administer a dissociative dose of Ketamine by slow IV-Push; administer additional doses until the pt is dissociated 10-15 seconds **Preoxygenate** Use Non-Rebreather Mask plus Nasal Cannula. If saturation is <95%, switch Non-Rebreather for Non-Invasive CPAP. Denitrogenate for 3 minutes. 3 minutes **Paralyze** Administer Succinylcholine or Rocuronium **ApOx** Perform apneic oxygenation with nasal cannula

45-60 seconds

Intubate

Note: From our study, we found most patients will become dissociated between 1-1.5 mg/kg. Since the effects of ketamine are almost instantaneous and many side effects such as hyper-salivation are dose dependent, it may make sense to administer a smaller than usual initial dose (1 mg/kg). If the patient doesn't achieve dissociation with the initial dose, follow with additional aliquots of 0.5 mg/kg. Apnea may result from rapid pushes of ketamine, so push slowly or expect a brief, self-limited period of apnea.

Note: Other Procedures such as the placement of a nasogastric tube may also be performed during this stage

Note: While two patients in this cohort were not intubated after dissociation, we cannot recommend this strategy without further study to establish safety.