

Plan

HOp Killers-Hemodynamics, Ox, pH
RSI · Awake · DSI · RSA · ICP/Vascular
Induction Agent/Muscle Relaxant
Push-Dose Pressors
Failed Airway Plan Verbalized
Cric-Con Evaluation (\pm Mark/Inject)
Post-Intubation Sedation

Patient Prep

Denitrogenation

Oxygenated (Consider CPAP)

Look in Mouth · Dentures

Positioning

(Face Parallel, Ears/Notch, 30° Head-Up, Collar Plan)

Monitors (Pulse Ox Visible)

Reliable Access

Nasal Prongs for ApOx

± Gastric Tube

Equipment

Table

BVM (\pm PEEP Valve) on Oxygen
Waveform Capnograph on BVM & Tested
Video Laryngoscope
Intubation Equipment

(Tube, 2xBend Stylet, 2 Syringes, Back-Up Laryngoscope, OPA, Tube-Securing Device)

Failed Airway Equipment at Bedside

(At minimum: NPA, Bougie, SGA, Scalpel)

Suction x 2

Team

Roles Assigned for Each Stage of Failed Airway Plan

Pulse Ox Watcher/Reoxygenation Role Assigned

ELM/Head Elev. Assistant Briefed

Team is all in PPE

Awake Intubation

- **Glycopyrrolate** 0.2 mg IV & **Ondansetron** 4mg IV (give as early as possible)
- Suction mouth and then pad dry with gauze
- **Nebulized Lidocaine 4%** 5ml @ 6 lpm
- **Atomized Lidocaine 4%** 3ml sprayed into posterior oropharynx
- **Viscous Lidocaine lollipop 2%**, place on tongue depressor
- Preoxygenate
- Position
- Restrain arms
- Switch to nasal cannula at 15 lpm
- Sedate with aliquots of **Ketamine** (10-20 mg) or 1-2 ml **Ketamine-Heavy Ketofol** (75 mg Ketamine, 25 mg propofol in the same syringe)
- **Atomized Lidocaine 4%** 3ml sprayed through cords
- Intubate awake or place bougie, then sedate/paralyze

Pretreatment

- 3-5 minutes prior to intubation
- **Lidocaine** 1.5 mg/kg for High-ICP/Vascular with elevated BP
 - **Fentanyl** 3 mcg/kg for High-ICP/Vascular with elevated BP (alternatively Remifentanyl 3 mcg/kg)
 - **Scopolamine** 0.4 mg for amnesia in hypotensive pt intubation

Info

Go to
emcrit.org/
airway



Initial Post-Intubation Analgo-Sedation

- **Fentanyl** 2 mcg/kg bolus then 1 mcg/kg/hr
or
- **Hydromorphone** 0.5-1 mg bolus then repeat q 10 minutes until analgesia

and

- **Midazolam** 0.05 mg/kg bolus then 0.025 mg/kg/hr
or
- **Propofol** 0.5 mg/kg bolus then 20 mcg/kg/min
or
- **Ketamine** 1 mg/kg bolus then 0.5 mg/kg/hr

Titrate to calm, spontaneously-breathing patient

Cric-Con

- **All Airways:** Discuss/Feel/See Kit (5)
- **Diff. but Stable:** Mark/Kit to Bedside/US (4)
- **Diff. & Hypoxemic:** Inject / Prep / Open Kit / Scalpel in Hand (3)

Push-Dose Epi

- In a 10 ml syringe, add 9 ml NS
- Into this syringe draw up 1 ml of **Cardiac-Arrest (1:10000) Epinephrine**
- Shake Syringe Hard
- Label "Epinephrine 10 mcg/ml"
- Dose 0.5-2 ml (5-20 mcg) q 1-5 min
- Throw away at end of shift if unused

Intubation Meds

Drug	Normotensive Dose	Normotensive Dose (70 kg Pt)	Hypotensive Dose
Ketamine	2 mg/kg	140 mg	0.5 mg/kg
Ketofol (100 mg ketamine, 100 mg propofol to make 20 ml)	0.2 ml/kg	14 ml	
Etomidate	0.3 mg/kg	20 mg	10 mg
Propofol	1.5-3 mg/kg	150 mg	15 mg
Succinylcholine	1.5-2 mg/kg	140 mg	2 mg/kg
Rocuronium	1.2 mg/kg	80 mg	1.6 mg/kg
Vecuronium	0.3 mg/kg	20 mg	



Sux Contra

- Malignant Hyperthermia History
- Strokes with hemiparesis > 72 hours old
- ICU Stay > 2 weeks
- Burns/trauma > 72 hours old
- NMJ Disease
- Myopathies/Muscular Dystrophies
- Preexisting Hyperkalemia or Strong suspicion
- Guillain-Barre

Initial Vent

- Assist Control/Volume Mode
- Vt 8 ml/kg IBW
- RR 16 (10 in asthma/copd)
- IFR 60 l/min
- PEEP 5 (0 in asthma/copd)
- FiO2 40%

Low pH Tube

- Place on Vent (SIMV-Volume, Vt 550, FIO2 100%, IFR 30 lpm, PS 10, PEEP 5, RR 0)
- Place on ET/CO2
- RSA or Vent as Bag (Change RR to 16)
- Change Vent to (IFR 60 lpm, RR 30, VT 8 ml/kg, FIO2 40%)
- Confirm same ET/CO2 and send ABG

AirQs

- Females: **3.5**, 7.5 ET Max, inflate 4 ml, 18 cm to tip
- Males: **4.5**, 8.5 ET Max, inflate 5 ml, 20 cm to tip

This checklist is for informational purposes only. ALL information must be vetted with your clinical judgment, pharmacy, and hospital committees/regulations.