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 (± 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 (± 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 prior to tracheal intubation
- 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
- Restrict 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

**Normotensive Dose**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Normotensive Dose (70 kg Pt)</th>
<th>Hypotensive Dose (2 mg/kg Pt)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ketamine</td>
<td>2 mg/kg</td>
<td>140 mg</td>
</tr>
<tr>
<td>Ketofol (100 mg ketamine, 100 mg propofol to make 20 ml)</td>
<td>0.2 mg/kg</td>
<td>14 ml</td>
</tr>
<tr>
<td>Etomidate</td>
<td>0.3 mg/kg</td>
<td>20 mg</td>
</tr>
<tr>
<td>Propofol</td>
<td>1.5-3 mg/kg</td>
<td>150 mg</td>
</tr>
<tr>
<td>Succinylcholine</td>
<td>1.5-2 mg/kg</td>
<td>140 mg</td>
</tr>
<tr>
<td>Rocuronium</td>
<td>1.2 mg/kg</td>
<td>80 mg</td>
</tr>
<tr>
<td>Vecuronium</td>
<td>0.3 mg/kg</td>
<td>20 mg</td>
</tr>
</tbody>
</table>

**Intubation Meds**
- Glycopyrrolate 0.2 mg IV & Ondansetron 4mg IV prior to tracheal intubation
- 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
- Restrict 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 minutes prior to intubation
- Spontaneous breathing patient
- Lidocaine 1.5 mg/kg for High-ICP/Vascular with elevated BP
- Fentanyl 3 mcg/kg for High-ICP/Vascular with elevated BP
- Scopolamine 0.4 mg for amnesia in hypotensive pt intubation
- Preoxygenate
- Position
- Restrict 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

**Cric-Con**
- All Airways: Discuss/Fax/See Kit (5)
- Diff. & Hemodynamic: Inject / Prep / Open Kit / Scalpel in Hand (5)

**Push-Dose Epi**
- In a 10 ml syringe, add 9 ml NS
- Intubate 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

**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 (CMV-Volume, VT 550, FiO₂ 100%, IFR 30 lpm, PS 20, PEEP 5, RR 0)
- Place on ETCO₂
- 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 ETCO₂ 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.