The Laryngoscope as a Murder Weapon

Peri-Intubation Deaths are Preventable

How to stop killing our friggin’ patients when intubating

Hemodynamics Oxygenation Low pH
**Hemodynamics**

**Case**

43 y/o M  
Septic Pneumonia  
Sat 96%  
BP 62/40

**Plan Ahead**

**Meds**

**Hypotension in the Peri-Intubation is Risky**

Induction Agent

All Sedatives will Drop BP in Shock Patients

J Clin Monit Comput 16(3): 183-190
Anesth Analg 59(5): 355-358

Keep ‘em Alive
No Memory
No Pain
No Awareness

Keep ‘em Alive!
No Memory
No Pain
No Awareness

I’m Dying!

I’m Chilling!
Negative to Positive Pressure

Cardiac stable doesn’t mean what you think it does

Propofol

Propofol Assassins
SOMETIMES THE WHITE JUST AIN’T RIGHT

Percent Reduction in Hemorrhage

- Propofol
- Propofol With Resuscitation
- Epinephrine
- Remifentanil
- Fentanyl

anesth 2004;101:567
Etomidate

Flat Hemodynamics

Midazolam +/- Fentanyl

Dose?

KETAMINE JUST SAY NEIGH
Dose Induction based on plasma volume & clinical circumstances

Paralytics take longer to work

Spare discomfort, Spoil life

This SUX isn’t working!&!!?
Ephedrine | Placebo | Esmolol
---|---|---
Cardiac Output | 9.1 | 8 | 5.5

Onset of Rocuronium 0.6 mg/kg in sec | 52 | 87 | 114

Acta Anaesthesiol Scand 2003;47(9):1067

What do I use?

Give More!

Pretreatment with Scopolamine 0.4 mg IVP

Sedatives Low Paralytics High

Ketamine 0.25 - 0.5 mg/kg IVP

Acta Anaesthesiol Scand 2003;47(9):1067

Anesth Analg 2000;90:175
Sux 2 mg/kg 
or 
Roc 1.6 mg/kg


What to do during the peri-intubation

Shoot for a high BP 
BEFORE 
Intubating

InoPressors
Bolus Dose

InoPressor

Phenylephrine

Epinephrine

Vent Settings

Phenylephrine

Epinephrine

Low & Slow
DSI

Plan Ahead

Dose Smart

To Review...

Hemodynamic

Plan Ahead

Dose Smart

Respond

Aggressively
Most Vulnerable Moment

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