

RAPID SEQUENCE INTUBATION GUIDELINE

Approved by Michael Sullivan, MD, FACEP
MPD San Juan County, Washington
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INDICATIONS:

The preferred method to provide endotracheal intubation after inducing unconsciousness and motor paralysis with medications.

PRECAUTIONS:

Must have an alternate method of airway management available. Succinylcholine chloride may cause malignant hyperthermia or fatal hyperkalemia. Paralysis does not stop the brain's seizure activity. This is a two person procedure.

PROCEDURE:

1. Preparation:
 - a. IV, cardiac monitor and SpO₂ monitor
 - b. Suction.
 - c. Laryngoscope, ET tubes (2 sizes), stylet.
 - d. Medications drawn up and labeled
 - e. Alternate airways — BVM, King Supraglottic Airway, dual lumen airway, percutaneous cricothyrotomy.
2. Preoxygenation — High flow oxygen with non-rebreather mask or bag-valve-mask to maximize SpO₂ for a minimum of 3 minutes or 8 full breaths with an pO₂ greater than 90% when possible.
3. Premedication (optional depending on urgency)
 - a. Lidocaine 1.5 mg/kg IV push - administered 3 minutes before paralysis if increased intracranial pressure or bronchospasm suspected.
4. Sedation & Paralysis
 - a. Etomidate 0.3 mg/kg IV push (0.15— 0.2 mg/kg IV if elderly, debilitated or hypotensive)
 - b. Succinylcholine 2 mg/kg (preferred) or Rocuronium 1 mg/kg IV push
5. Protection and positioning
 - a. Sellick's maneuver until endotracheal tube placed, confirmed & secured.
 - b. Patient's head in sniffing position
6. BVM ventilation only if SpO₂ < 90%.
7. Placement and proof
 - a. Inflate balloon & secure tube.
 - b. 5 point auscultation
 - c. End tidal CO₂ continuous capnography with waveform verification
8. Post intubation management
 - a. Midazolam for sedation.
 - b. Maintenance paralysis with rocuronium If adequate sedation not obtainable.

ROCURONIUM (optional)

TRADE NAME:

Zemuron

ACTION:

Non-depolarizing skeletal muscle relaxant.

INDICATIONS:

1. To provide paralysis (paralyzing dose) for rapid sequence intubation when succinylcholine is contraindicated or if prolonged transport time is anticipated.
2. To relieve isolated masseter muscle spasm due to succinylcholine.
3. To maintain paralysis after intubation after adequate sedation has been provided.

CONTRAINDICATIONS:

Known sensitivity to rocuronium.

SIDE EFFECTS & PRECAUTIONS:

Rocuronium causes paralysis, not analgesia or amnesia; all patients must receive adequate sedation before paralysis. Patient will require airway management and ventilation.

ROUTE & DOSAGE:

1. Paralyzing Dose: 1 mg/kg IV or IO. Usual adult dose is 70-100 mg.
2. Maintenance dose: 0.1-0.2 mg/kg bolus IV or IO bolus as paralysis wears off if sedation with midazolam is not adequate.