

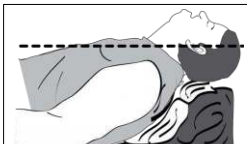
Rapid Sequence Intubation/Airway Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

Preparation	
Identify Predictors of Difficult Intubation (LEMON) <ul style="list-style-type: none"> Look for external markers of difficulty of BVM and Intubation Evaluate the 3-3-2 rule Mallampati score ≥ 3 Obstruction/Obesity Reduced Neck Mobility <p>If a difficult airway is predicted, IMMEDIATELY consult a clinician experienced in airway management and intubation before proceeding.</p>	MALE MESS <ul style="list-style-type: none"> Mask Airways (oral and nasal) Laryngoscopes, Laryngeal Mask Airway (LMA) Endotracheal tubes – Adult Males 8F, Females 7.5F; Child >1 year (Age/4) + (4(uncuffed) or 3.5(cuffed)) Monitoring (pulse oximetry, ECG, capnography), Magill Forceps Emergency drugs/trolley Suction, Stylet, Bougie Plentiful oxygen supply

Pre-oxygenation

- Spontaneously breathing patient** – Position patient as below and allow at least 5 mins of spontaneous breathing with a tight-fitting **non-rebreather facemask** at **MAXIMUM** and continue until the patient stops breathing after sedation/paralysis: **Avoid positive pressure ventilation**
- Patient not breathing or not breathing adequately** – Position patient as below with a tight-fitting **non-rebreather facemask** at **MAXIMUM** and continue until ready to intubate: **Avoid positive pressure ventilation**



Position the patient

Ensure you have **360° access to the patient**

- Belt/Belly Height** – Head at or just above belt/belly level
- HoP up** – Head of Patient up to Head of Bed
- HoB up** – Head of Bed up **30°**; Reverse trendelenburg in High BMI, Late Pregnancy, Spinal Immobilisation
- Face Plane** parallel to Ceiling (or just **10°** tilt back) & Ear level to Sternal Notch

Assistants ready to help add or maintain external laryngeal manipulation, head elevation, jaw thrust, mouth opening

Paralysis with Induction			
Pharmacologic agents and dosages used for rapid sequence intubation			
Sedatives	Dose		
Ketamine (Ketamine is preferred for patients with hemodynamic instability or renal insufficiency)	2 mg/kg IV		
Midazolam	0.15 to 0.2 mg/kg IV (decrease dose in elderly)		
Propofol	1 to 2.5 mg/kg IV (decrease dose in elderly) (titrate the dose)		
Neuromuscular Blocking (NMB) Agents	Dose	Onset	Duration
Succinylcholine (depolarizing NMB) Contraindications: <ul style="list-style-type: none"> Hyperkalaemia e.g. renal failure Organophosphate poisoning Delayed severe burns Prolonged crush injuries 	1.5 mg/kg IV (adults) 2 mg/kg IV (infants) 3mg/kg IV (new-borns)	½ to 1 min	6-10 min
Rocuronium (nondepolarizing NMB) <i>Rocuronium has a short duration which generally makes it the preferred of the nondepolarizing neuromuscular blockers for ED RSI</i>	1.5mg/kg IV (shorter onset with longer duration)	1 min	20 mins

Pass the tube /Laryngeal Mask Airway (LMA)

Limit attempt to < 30 seconds. Proceed down the algorithm after 30 seconds

Successful	Not Successful
<p style="text-align: center;">Proof of Intubation/ LMA Insertion</p> <p>5 Point Auscultation – Epigastrium, Bilateral Axillae, Bilateral Lung Bases</p> <p>Waveform Capnography - Maintain CO₂ level at 35- 45mmHg</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> Connect patient to the ventilator. See Guideline for Initiation of Mechanical Ventilation Algorithm Secure tube at a depth of 3 x ET Tube size at the teeth/gums Check vital signs (BP, PR, RR, SPO₂, T° C, RBS) Initiate postintubation analgesia and sedation <ul style="list-style-type: none"> Morphine 0.1 – 0.4mg/kg/hr Ketamine (analgesic and sedative) 0.05 – 0.4mg/kg/hr Midazolam 0.02 - 0.1mg/kg/hr Dexmedetomidine 0.2 – 0.7 µg/kg/hr Obtain portable CXR to Confirm Depth of ET Tube NOT location </div>	<div style="border: 2px solid red; padding: 10px; margin: 10px auto; width: 80%;"> <p style="color: red; font-weight: bold; font-size: 1.2em;">Insert Laryngeal Mask Airway (LMA)</p> </div>