

## Pediatric Rapid Sequence Intubation

- Prepare equipment, have NRBM on.
- Have adjuncts ready
- Have NC ready and on for passive oxygenation
- HOB at least 20 if possible (put pillow under backboard)
- Try to avoid use of BVM when possible with goal of Sao2 of 93-95% prior to induction.

- Is patient < 1 year old? – Give **Atropine 0.02 mg/kg IV (min. 0.1 mg)**
- Is patient > 1 year old? – Have **Atropine 0.02 mg/kg IV** ready to give if needed. (min. 0.1 mg)
- HEAD INJURY? – then give **Lidocaine 1.5 mg/kg IV**.

### INDUCTION

- **Etomidate 0.3 mg/kg IV** OR
- **Ketamine 1-2 mg/kg IV** OR
- **Versed 0.1 mg/kg IV** ①

### PARALYSIS

- **Succinylcholine 1.5 – 2 mg/kg IV/IM** ②
- If contraindicated then **Zemuron 1 mg/kg IV** ③

- Attempt intubation and verify placement
- Secure tube and document depth and size
- Use End tidal Co2 to ensure monitor trends

- Give pain medication and analgesia as needed – see Pediatric for Intubated Patients Protocol.
- Provide sedation or pain medication infusion on transports > 20 min.
- Paralyze as needed with **Zemuron 1 mg/kg IV** following adequate sedation/pain medication. ④

- ISTAT on all flights > 20 min.
- Insert Foley catheter and Oral gastric tube.
- Maintain normothermia

- Suction
- ETT one size larger and smaller
- Three way stop cocks x3
- Have adjuncts available
- Position patient in sniffing positioning
- Have NC on and ready to provide passive oxygenation following induction.

**D** -Displacement  
**O** – Obstruction  
**P** – Pneumothorax  
**E** - Equipment

### KEY POINTS

- When transferring the patient from one point to another – remove BVM from ETT for transfer to prevent tube dislodgement.
- Oral gastric tube preferred over nasal.
- Infant urine output – 2ml/kg/hr
- Toddler urine output – 1.5 ml/kg/hr
- Child to adult urine output – 1 ml/kg/hr
- Check cuff pressures x3 – at receiving, in air and at receiving.

1. Do not give with hypotension.
2. Avoid with hyperkalemia, avoid with burns > 24 hrs old, malignant hyperthermia. Succinylcholine 2 mg/kg is dose for younger children.
3. Do not give Zemuron first without well defined reason to not give Succinylcholine.
4. Paralytics cause the inability to shiver and warm self up. Ensure external warming measures taken.