RSI at a Glance

PRE-TREATMENT:

SOAP ME: (RSI Equipment)
Suction, **O**2 (+BVM), **A**irway (+Backup), **P**ositioning, **M**eds & **E**quipment

Pre-O2/BVM/Cricoid pressure/BURP
Lidocaine 1mg/kg IV/ETT (blunt injury, increased ICP)
Atropine 0.02 mg/kg IV/ETT (pediatrics, prevent reflexive bradycardia)

RSI-INDUCTION:

Etomidate 0.3 mg/kg IV (less drop in BP than others)
Ketamine 1-2 mg/kg IV (asthma + bronchodilator, avoid in increased ICP)
Fentanyl 2-5 mcg/kg IV
Midazolam 0.3 mg/kg IV (can cause drop in BP, HR, RR)

RSI-PARALYSIS:

Succinylcholine (SUCCs) 1mg/kg IV
Rocuronium (Roc) 1mg/kg IV (use instead of succ in hyper K, Dialysis, Burns)
**onset 1 min (give before induction) Lasts 30 min.

POST-RSI:

SEDATION:
Propofol 20-50-100 mc/kg/min
Fentanyl 50-100 mcg/hr.
Midazolam 1-10 mg/hr.

INITIAL VENT SETTINGS:

	Tidal Volume VT (ml/kg)	Resp. Rate	I/E ratio	PEEP	FIO2
Normal Lung	**8 ml/kg**	**10-12**	**1:2**	**3-5**	**100%**
Asthma/COPD	**7-8**	**10-12**	**2:4**	**5**	**100%**
ARDS	**6**	**8-12**	**1:1**	**20-24**	**100%**

PLACEMENT: End-Tidal CO2 waveform, color change, bilateral breath sounds, condensation, equal chest rise

DOPE: (Trouble shooting) **D**islodged/**O**bstruction/**P**neumothorax/**E**quipment failure

CXR: To verify placement: 2-3 cm above carina

ABG: Consider 30 min. after intubation