RSI Checklist

Plan Ahead

- ☐ ***Will airway be difficult? Will physiology suffer (BP, SpO_2)?***
- ☐ Glidescope/C-MAC → Bougie → iGel → Surgical airway (Cric)

Equipment (Rule of 2's)

- ☐ **2 Wall Suction:** 1 under mattress on right
- ☐ **2 Wall Oxygen:** NC + NRB mask
- ☐ **2 Laryngoscopes:** Glidescope/C-MAC + Back-up DL blade
- ☐ **2 ET Tubes:** 8.0/7.5 (male) or 7.5/7.0 (female)
- ☐ **2 Stylets:** Rigid + Flexible
- ☐ **2 Backup Devices:** Bougie + iGel
- ☐ **2 Drugs:** Sedative + Paralytic - *see reverse*
- ☐ **BVM w/ PEEP valve + OPA + Waveform $EtCO_2$**
- ☐ *Cricothyrotomy*: Scalpel, Bougie, 6.0 ET tube

Patient Preparation

- ☐ **Preoxygenation:**
  - NC @ 15 L/min + NRB face mask @ max
  - *If SpO_2 <95%:* add PEEP (BiPAP -> BVM+PEEP valve -> DSI)
- ☐ **Resuscitation:**
  - *If Shock Index >0.8 or Sys BP <110:* ***Begin Resuscitation First!***
    - Trauma/Hemorrhage -> PRBCs +/- FFP
    - Other Shock States -> IVF bolus +/- Norepi
- ☐ **Positioning:**
  - Head of bed 15-30° vs. Reverse Trendelenburg
  - Remove C-collar (stabilize neck w/ assistant), Remove dentures

Post-Intubation

- ☐ **Sedation:** *Fentanyl bolus* (100 mcg) + *Propofol* (start 20 mcg/kg/min)
- ☐ **Monitor hemodynamics** -> Cycle BP q 2-3 min
- ☐ **Vent Bundle** in MedHost

Developed by Dept of Emergency Medicine at CMC, adapted with permission for BSWH (Johnson B, et al)

Baylor University Medical Center

Emergency Department

	Intubation Medications		
	Drug*	**Dose****	**Onset/Duration**
Induction Agent	**Etomidate**	**0.3 mg/kg**	15sec/10min
		0.15 mg/kg (hypotensive)	
	Ketamine	**2 mg/kg**	30sec/20min
		0.5 - 1 mg/kg (hypotensive)	
Paralytic	**Succinylcholine**	**1.5 mg/kg**	45sec/10min
	Rocuronium	**1 mg/kg**	60sec/60min

*All except etomidate can be safely dosed slightly higher than calculated, when in doubt err on the high side.

***If at risk for hemodynamic collapse* -> **increase** paralytic dose by 50%, **decrease** sedative dose by 50%.