

## Chapter 1

# RAPID SEQUENCE INTUBATION

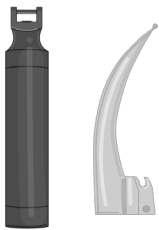
### Indications

- Failure to oxygenate
- Failure to ventilate
- Failure to protect airway

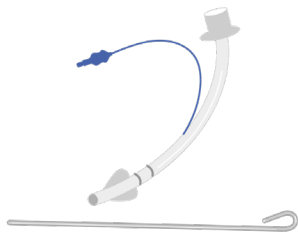
### Contraindications

- If oxygenation or ventilation can be accomplished using less invasive means (e.g., high flow oxygen or BiPAP)
- Relative contraindications
  - limited mouth opening
  - upper airway trauma / mass / swelling
  - excessive blood or secretions

### Tools



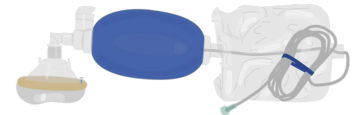
Laryngoscope



Endotracheal tube and stylet



Suction

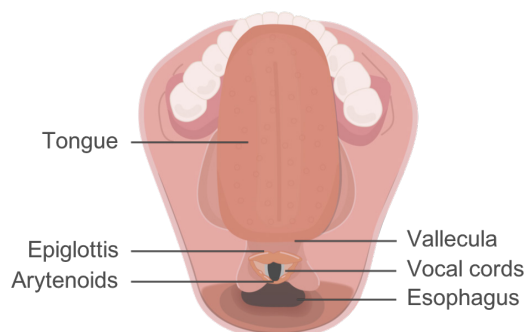


Bag-valve-mask (BVM)

### Medications

- Sedatives
  - ketamine (2 mg / kg ideal body weight)
  - etomidate (0.3 mg / kg total body weight)
- Paralytics
  - succinylcholine (1 mg / kg total body weight)
  - rocuronium (1 mg / kg ideal body weight)

### Identify important airway anatomy



## Prepare

- Prepare your equipment
- Preoxygenate the patient
- Place the patient in the sniffing position
- Sedate and paralyze the patient



## Procedure

1. Sweep tongue to the left
2. Visualize arytenoids or vocal cords
3. Place tube in the trachea
4. Inflate the balloon



*Always hold laryngoscope in left hand*

## Post-procedure

- Secure the tube
- Confirm proper tube placement with auscultation and end-tidal capnometry
- Elevate head of bed 45 degrees to avoid aspiration
- Obtain a chest x-ray
- Consider more sedation for the patient