

Airway Checklist	Medication	Dosing	Common Dose (~70kg)
<p>This should be placed on every airway box and video laryngoscope and each resident/attending/RT will have a copy. Review with team before EVERY airway intervention.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review Pulse Ox, BP, pH: can these be optimized prior to intubation? <input type="checkbox"/> Positioning: RAMP up (ear to sternal notch), bed height, reverse t-burg <input type="checkbox"/> Evaluate airway: LEMON and feel cric landmarks <input type="checkbox"/> Pre-ox: NC/NRB (crank up) / consider NIPPV <input type="checkbox"/> Apneic Ox: NC cranked up (not ETCO2 NC) and patent airway during procedure <input type="checkbox"/> ETCO2 on BVM + PEEP valve <input type="checkbox"/> Consider NGT/OGT <input type="checkbox"/> Suction (x2 if anticipated heavy contamination) <input type="checkbox"/> 2 Nasal and Oral airways <input type="checkbox"/> Laryngoscope for DL in room (Check that light works) <input type="checkbox"/> VL in room and plugged in <input type="checkbox"/> Tube/stylette – check cuff with syringe. Tube straight to cuff <input type="checkbox"/> BOUGIE in room <input type="checkbox"/> LMA (or intubating LMA) available in room <input type="checkbox"/> Scalpel and 6-0 tube available for surgical airway <input type="checkbox"/> Medications: <ul style="list-style-type: none"> Pre-treatment: consider fentanyl, glycopyrrolate, Zofran Sedative/paralytic <p>Post-intubation sedation/analgesia</p>	Adjunctive Medications		
	Glycopyrrolate	0.004mg/kg IV/IM	0.2mg
	<i>Ideally given 30m prior to RSI for full effects</i>		
	Pre-Medications		
	Fentanyl	1-3mcg/kg IV	150mcg
	Atropine	0.01mg/kg IV	0.5mg
	Midazolam	0.05mg/kg IV	3-5mg IV
	De-fasciculating rocuronium	0.1mg/kg IV	5-10mg IV
	Sedation		
	Etomidate	0.3mg/kg IV	20mg IV
	Ketamine	1-2mg/kg IV 3-5mg/kg IM	100-150mg IV
	Midazolam	0.05-0.2 mg/kg IV/IM	5-10mg IV
	Propofol	1.5-2.5 mg/kg IV	100-200mg IV
	Paralytics		
	Succinylcholine	1.5mg/kg IV 2-3mg/kg IM	100mg IV 200mg IM
	Rocuronium	1.2mg/kg IV	100mg IV
	Vecuronium	0.15-0.25mg/kg IV	15mg IV

Thanks to @seebelcher236 & @bronksi_EM

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Airway Checklist	Pre-oxygenation Pearls
<p><u>Indications for intubation</u></p> <ul style="list-style-type: none"> • Failure to protect airway • Failure to oxygenate or ventilate • Anticipated clinical course <ul style="list-style-type: none"> ○ Deterioration, transport, procedures, impending airway compromise <p><u>Difficult Airway Assessments</u></p> <p>LEMON (difficult DL): look externally, evaluate 3-2-2, Mallampati, Obstruction/Obesity, Neck mobility</p> <p>MOANS (difficult BVM): Mask seal, Obstruction/Obesity, Aged, No teeth, Stiff (increased ventilatory pressures—asthma, COPD, ARDS, pregnancy)</p> <p>SHORT (difficult cric): Surgery, Hematoma, Obstruction/Obesity, Radiation, Tumor</p> <p><u>HOP Killas</u></p> <ul style="list-style-type: none"> • Hemodynamics: optimize BP prior to intubation; use pressors/push-dose pressors • Oxygenation: optimize prior to intubation; goal SpO2 >92% prior to attempt • pH: avoid intubation of severely acidotic pts, risk of death w/o respiratory drive, if necessary intubate quickly with best intubator; high RR on vent <p><u>Push-dose Epi</u></p> <ul style="list-style-type: none"> - in a 10mL syringe, add 9mL of 0.9% saline - Into this syringe, draw up 1mL of 0.1mg/mL (100mcg/mL) epinephrine - Agitate this syringe - Label "Epinephrine 10mcg/mL" - Dose 0.5-2.0mL q1-5min 	<p><u>Pre-oxygenation Pearls</u></p> <ul style="list-style-type: none"> • Pre-oxygenate with NIPPV, NRB at 15+ lpm, or BVM with NC at 15+ lpm for apneic oxygenation • Consider positioning; patients oxygenate better upright; consider ramp • Consider adjuncts including NPA/OPA for anticipated difficult BVM • Consider NIPPV; especially in severely hypoxic or shunt physiology • Consider Delayed Sequence Intubation if combative or altered <p><u>Delayed Sequence Intubation</u></p> <ul style="list-style-type: none"> • Procedural sedation for pre-oxygenation in combative or altered patients <ol style="list-style-type: none"> 1. 1-2 mg/kg IV ketamine 2. Pre-oxygenate with NC + NRB/NIPPV/BVM with PEEP 3. Paralyze then intubate <p><u>Awake Intubation</u></p> <ul style="list-style-type: none"> • For patients who are spontaneous breathing with an urgent (but not emergent) anticipated difficult intubation, ie angioedema, facial trauma, known malignancy • Pretreatment with 0.2mg glycopyrrolate or 0.01mg/kg atropine, 4mg Zofran • Nebulized lidocaine at 5L/min with 4mL 4% or 8mL 2% • Viscous lidocaine applied to posterior pharynx and tongue with tongue depressor • Pre-oxygenate and position • Ketamine dissociative dose at 1-2mg/kg IV or alternatively 20mg aliquots at subdissociative dosing • Do not paralyze until endotracheal track is secured. <p><u>Tube Failure DOPES</u></p> <p>Displacement: check tube with quantitative or qualitative capnography, manually visualize</p> <p>Obstruction: check for kinks, biting, suction length of tube</p> <p>Pneumothorax: US for bilateral lung sliding, CXR</p> <p>Equipment: disconnect from vent, BVM</p> <p>Stacking: check vent settings, pressures, waveforms</p>

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