

PERIPHERAL HOSPITAL RAPID SEQUENCE INDUCTION GUIDELINES

DOES THE PATIENT NEED INTUBATION?

PREOXYGENATION AND CALL FACEM AT TWEED

CALL FOR HELP LOCALLY

WILL CPAP / BIPAP HELP?

DOES PATIENT NEED INTUBATING?

POSITION

1. EAR TO STERNAL NOTCH
2. FACE PLANE HORIZONTAL

PREOXYGENATION

15 plus litres via nasal prongs AND
Non Rebreather Mask

PREPARATION

- Review diagnosis
- Check equipment
- Brief assistant (s)
- Assess airway anatomy
- Prepare drugs
- Attach monitors
 - PB – PR – SaO₂

CALL FACEM AT TWEED ON

07 55067739

**HAVE YOU GOT
ENOUGH HELP?**

INDUCTION OPTIONS

Ketamine 1.5 mg/kg

Contraindicated in pregnancy and < 3 months old
(use Fentanyl and Midazolam)

If intracerebral haemorrhage is
suspected AND SBP>180 or
MAP>130 use

Fentanyl 3 mcg/kg AND
Midazolam 0.05 mg/kg

PARALYSIS

Suxamethonium 1.5 mg/kg (2 mg/kg if age <1)

IMMOBILISE CERVICAL SPINE IN TRAUMA

PLACE ET TUBE

Confirm placement with ETCO₂

ONGOING PARALYSIS

Rocuronium 0.6 mg/kg to
maintain N/M blockade

ONGOING SEDATION

Commence Midazolam/Morphine infusion
(as per Drug Infusion Guidelines)

INITIAL VENTILATOR SETTINGS

TV	-	6 ml/kg
Rate	-	12-15 bpm
FO ₂	-	100%
PEEP	-	5 cm

IN DKA

TV - 10 ml/kg

Rate - Patient respiratory
rate prior to intubation

ie > 25 breaths per minute

BEWARE decrease in pH

post RSI

CONSIDER HCO₃

IN ASTHMA

TV	-	6 ml/kg
Rate	-	8-10 bpm
FO ₂	-	100%
PEEP	-	0 cm

Keep peak pressure below
35 cm H₂O

Get asthmatic patient to
ICU ASAP

WATCH FOR BREATH
STACKING

DO NOT WORRY ABOUT
INCREASED CO₂

CXR

NG or O / G
tube

ABG