

**RAPID SEQUENCE INTUBATION  
(RSI) - ADULT**  
**IH Emergency Departments**

Weight (kg)
Height (cm)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician / prescriber. Boxed orders () require physician / prescriber check mark () to be initiated.

**1. PREPARATION:** Refer to RSI toolkit on the inside net

- AIME pocket card
- Equipment checklist
- Approach to ET Intubation Algorithm
- Difficult Airway Algorithm

**2. ALLERGIES:** See Allergy / ADR record

**3. CODE STATUS / MOST**

- Refer to completed Medical Orders for Scope of Treatment (MOST) # 829641

**4. CONSULTS**

- Respiratory Therapist
- Intensivist / Internist
- Anaesthesia
- Other: \_\_\_\_\_

**5. MONITORING**

- Continuous monitoring including SpO<sub>2</sub>, ETCO<sub>2</sub>, respiratory rate and cardiac monitoring
- Blood pressure Q5 minutes during procedure; then Q15 minutes x 4 or until stable; then Q hourly
- Continuous ventilator monitoring – consult Respiratory Therapy if available

**6. INTRAVENOUS THERAPY AND HYDRATION**

- Second IV Line
- IV 0.9% sodium chloride at \_\_\_\_\_ mL per hour

Date (dd/mm/yyyy)	Time	Physician Signature	Printed Name or College ID#



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## 7. MEDICATIONS

### 1. Pre-oxygenation (5 minutes before intubation)

- 3 to 5 minutes of 100% oxygen delivery via passive ventilation through nasal prongs (Bag / Valve / Mask as required)

### 2. Pre-Treatment (3 minutes before intubation)

- fentaNYL**      **1 to 3 mcg/kg**      ( \_\_\_\_\_ mcg) IV × 1 dose

### 3. Induction (choose ONE; give immediately before paralytic)

- ketamine**      **1 to 2 mg/kg**      ( \_\_\_\_\_ mg) IV × 1 dose

- propofol**      **1 to 3 mg/kg**      ( \_\_\_\_\_ mg) IV × 1 dose

- etomidate**      **0.2 to 0.3 mg/kg**      ( \_\_\_\_\_ mg) IV × 1 dose

(Note: etomidate is a SAP medication. If patient's name and birthdate clearly noted on this PPO, no additional paperwork required. Pharmacy will complete any paperwork).

- midazolam**      **0.1 to 0.3 mg/kg**      ( \_\_\_\_\_ mg) IV × 1 dose

### 4. Paralytic (choose ONE; give immediately after induction)

- succinylcholine**      **1 to 2 mg/kg**      ( \_\_\_\_\_ mg) IV × 1 dose (see reverse for contraindications)

- rocuronium**      **1 mg/kg**      ( \_\_\_\_\_ mg) IV × 1 dose

### 5. Maintenance (start opioid first, then sedative)

- Refer to ICU Adult Analgesic/Sedation PPO ([form #829000](#))

### 6. Rescue Medications

- phenylephrine**      **0.5 to 1 mcg/kg/dose** ( \_\_\_\_\_ mcg) IV Q5MIN PRN (for drug-induced hypotension)

- norepinephrine**      **2 to 4 mcg/min IV as initial dose**; titrated to establish and maintain blood pressure

- atropine**      **0.02 mg/kg/dose** ( \_\_\_\_\_ mg) IV Q3 to 5MIN PRN; max total dose of 3 mg (for bradycardia)

- naloxone**      **0.4 to 2 mg/dose IV Q2MIN PRN** (for reversal of opioids)

- flumazenil**      **0.2 to 1 mg/dose IV Q1MIN PRN (max. 3 mg/hour)** (for reversal of benzodiazepines)

## 8. DIAGNOSTICS

- ETCO<sub>2</sub> detector and auscultation to evaluate Endotracheal Tube placement
- Post-intubation Chest X-ray to confirm Endotracheal Tube placement

## 9. POST-INTUBATION CARE

- OG tube:     Intermittent     Low continuous suction

- Maintain HOB 30 to 45 degrees to reduce risk of aspiration

- Use PPE (standard precautions unless otherwise indicated) when providing routine ETT and oral care

- Perform oral hygiene Q12H

- Use oral cleansing swabs and lip moisturizer PRN to keep mucosa clean and moist

- Suction oral cavity and pharynx Q1 to 2H (minimum) with closed, inline suction if clinically required

- Assess and document ETT tube placement and cuff inflation Q4H and PRN with repositioning (refer to RSI Toolkit)

- Secure ETT with Twill tape or device; document placement/length Q1H and with repositioning

Date (dd/mm/yyyy)	Time	Physician Signature	Printed Name or College ID#
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SUCCINYLCHOLINE ABSOLUTE CONTRAINDICATIONS	
A. Inability to intubate / ventilate	Includes all neuro-muscular blocking agents
B. Hyperkalemia linked to increased risk of cardiac arrest	<ul style="list-style-type: none"> <li>• <b>Malignant hyperthermia</b> (personal or familial history)</li> <li>• <b>Extensive Burns</b> (more than 3 days until healed)</li> <li>• <b>Crush muscle damage</b> (more than 3 days until healed)</li> <li>• <b>Spinal cord injury, stroke, denervation</b> including Guillian Barre Syndrome (more than 5 days until 6 months)</li> <li>• <b>Muscular dystrophies, Skeletal Muscle Myopathies, Multiple Sclerosis</b></li> <li>• <b>Intra-abdominal sepsis</b> (more than 3 days until resolution)</li> <li>• <b>Hyperkalemia</b> greater than 5.5 mmol/L (eg. acute renal failure, EKG changes)</li> </ul>

SUCCINYLCHOLINE RELATIVE CONTRAINDICATIONS	
C. Increased Intra-Ocular Pressure may be associated with risk of extrusion	<ul style="list-style-type: none"> <li>• Penetrating eye injury</li> </ul>
D. Decreased clearance of succinylcholine with concomitant use	<ul style="list-style-type: none"> <li>• Cocaine</li> </ul>
E. Prolonged and exaggerated neuromuscular blockade	<ul style="list-style-type: none"> <li>• Anticholinesterase drugs (pyridostigmine, donepezil, galantamine, rivastigmine)</li> <li>• Organo-phosphate poisoning</li> <li>• Atypical plasma cholinesterase gene</li> </ul>

## Etomidate

This drug is currently part of the SAP (Special Access Programme) through Health Canada. Usage requires clear documentation, (patient name, birthdate, date of use) in order for pharmacy to obtain future supplies. This PPO, or separate paperwork, must always be completed and forwarded to pharmacy for record keeping purposes.