

RSI and Seizure

Rapid Sequence Intubation

Suction, Oxygen, Airway, Pharmacology, Monitoring, Equipment

Preoxygen > Pretreat > Prepare > Paralyze > Position > Pass Tube > Post Drip

Induction

Etomidate 20 mg IV (30 mg if over 100kg)
0.3 mg/kg

Ketamine 1 - 2 mg/kg IV
3 - 4 mg/kg IM

Propofol 1.5 - 2 mg/kg IV

Paralytic

Succinylcholine 1.5 mg/kg IV
2 mg/kg in age < 10 years

Rocuronium 1.0 mg/kg IV

Status Epilepticus

1st Line

Lorazepam 4 mg IV over 2 min q10 -15m x
2
0.1 mg/kg

2nd Line

Keppra 60 mg/kg IV
20 mg/kg IV load if not seizing

3rd Line

Fospheny 20 mg/kg IV at 150 mg/min
Max 1500 mg

4th Line

Intubate with propofol or ketamine

Phones and Pagers

Lead #100

Critical #300

Charge #200

A Pod #807 (14662)

Triage #224

Pharm (Adult) #320

Pharm (Peds) #321

Med Rec Tech #322 - 324

XR #209

Core Lab 1-2120

Micro Lab 1-2807

Rads Read 1-3573

CT Tech 1-1111

MRI Tech 1-3566
1-3587

Pagers

Psych 7300

OB/Gyn 5942

Ortho 1446

Peds Admission 8733

Dialysis 1-7332

Blood Bank 1-2731

Central 1-3431

Cath Lab 1-9446

Critical Drugs

Hypotension and Shock

Norepinephrine

Drip Start 0.05 - 0.5 mcg/kg/min IV

Drip Titrate 0.02 mcg/kg/min q5m

Epinephrine

How to make 1 mL of cardiac epi with 9 mL NS
Low Dose Epi Final concentration 10 mcg/mL

Low Dose Epi Dose 1 - 2 mL (10 - 20 mcg) IV q2-5m

Drip Start 0.01 - 0.5 mcg/kg/min IV

Drip Titrate 0.02 mcg/kg/min q5m

Phenylephrine

Push Dose 1 - 2 mL (100 - 200 mcg) IV q2-5m

Hypertension

Labetalol 10 - 20 mg IV q10m

Hydralazine 10 - 20 mg IV q2-4h

Arrhythmias

Diltiazem

Bolus 1st: 0.25 mg/kg IV (20mg)
2nd: 0.35 mg/kg IV (25mg)

Infusion 5-15 mg/hr IV

Amiodarone

Pulseless Tach and Vfib

Bolus 300 mg IV
150 mg IV in 3-5m if needed

VTach with a pulse

Bolus 150 mg IV over 10 minutes

Infusion 1 mg/min for 6h then
0.5 mg/min for 18h

Lidocaine

Bolus 1 - 1.5 mg/kg IV
0.5 - 0.75 mg/kg IV q5-10m

Infuse 1-4 mg/min IV
max cumulative dose 3 mg/kg

Hypertension

Hypertensive Emergency

Nicardipine

Infusion Start 5 mg/hr

Titrate 2.5 mg/hr q15m

Esmolol

Bolus (optional) 500 mcg/kg over 1 minute

Infusion Start 50 mcg/kg/min

Titrate 50 mcg/kg/min q5m
Max 200 mcg/kg/min

Nitroglycerine (SCAPE)

Start 200-400 mcg/kg/min

Titrate 50 mcg/min IV q3-5m
Max 400 mcg/min

When to Wean When 2 of these are met:

1. Resolution of tachypnea: <24 or dec. by 25%
2. Resolution of dyspnea: no accessory muscles
3. Resolution of hypoxia (90% RA or 95% SO)
4. SCP < 140 systolic or MAP < 110

Titration Parameters

Current (mcg/min) Titrate

201-400 Decrease 50 mcg/min q5 min

51-200 Decrease 25 mcg/min q5 min

<51 Decrease 10 mcg/min

Labetalol

Bolus 10 - 20 mg IV q10m
can increase to 40 then 80

Hydralazine

Bolus 10 - 20 mg IV q2-4h

Shock

Epinephrine

Low Dose Epi Mixing 1 mL of cardiac epi w/ 9 mL NS
Final concentration: 10 mcg/mL

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Doc J Perls

Afib

I prefer diltiazem. I'll give 2g Ca gluconate before administering if the blood pressures are soft (systolic of 90). If they are hypotensive and still alert, I'll give a bolus of Amiodarone instead and start them on a PO rate control (skipping the amiodarone drip). If patient agrees, Georgia power is great for even alert patients.

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