Just-In-Time Learning Series:
AN INTRODUCTION TO AIRWAY MANAGEMENT IN THE DISASTER SETTING

Region 8 MOUNTAIN PLAINS Regional Disaster Health Response System

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Indications for Intubation

Airway
Impending airway compromise

Breathing
Hypoxemic or hypercapnic respiratory failure (Pneumonia, ARDS, Status Asthmaticus or Severe COPD Exacerbation)

Circulation
Severe shock and acidosis

Disability
Inability to protect the airway due to reduced consciousness
Prevent secondary brain injury

Everything else
Need to perform an emergent/urgent procedure

Rapid Sequence Intubation (RSI) 6P's Approach:

Preparation
Room, airway equipment, suction, monitor, IV, RSI meds, vasopressors

Pre-oxygenation
Non-rebreather, non-invasive ventilation, BMV, heated-high-flow nasal cannula

Positioning
Ear above sternum, sniffing position, ramp

Paralysis with induction
Improves laryngoscopic view, minimizes aspiration risk

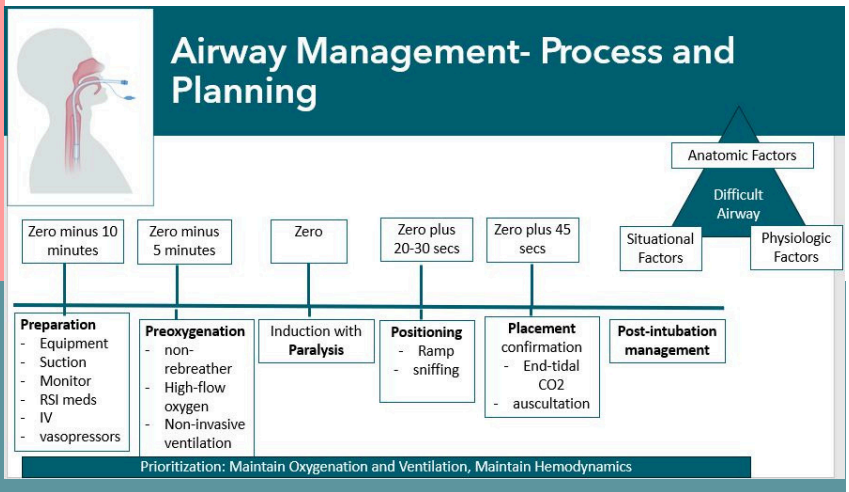
Placement
Women 21cm, men 23cm @teeth, ETCO2, auscultation

Post-intubation
CXR, monitor for hypotension, additional sedation (avoid paralysis w/o sedation)

Induction and Neuromuscular Blocking Agents

Medication	Dose	Utility	Contraindication/Caution
Sedation/Induction			
Etomidate	0.1-0.3 mg/kg	Patients in shock	May cause adrenal insufficiency
Propofol	0.5-2.5mg/kg		Low BP, low HR
Ketamine (IV)	1-4.5mg/kg	Asthma	Increases secretions
Ketamine (IM)	6-13 mg/kg	Lack of IV access	Increases secretions
Midazolam	0.15-0.3 mg/kg		
Neuromuscular Blockade			
Succinylcholine	1-1.5mg/kg	Onset 30-60 secs	Hyperkalemia, h/o malignant hyperthermia, burns, rhabdomyolysis, spinal cord injury or stroke (>72 hrs), neuromuscular disease or myopathy
Rocuronium	1.2mg/kg	Onset 60-90 secs	Duration 1 hr

Helpful adjuncts: vasopressor boluses: phenylephrine 100-300mcg IV q3 min, norepinephrine 4-10mcg IV q3 min, or continuous infusions; glycopyrrolate 0.2-0.4 mg for secretions, fentanyl 0.3-3mcg/kg for pain



Airway Management Plans

PLAN A
Initial Intubation Strategy:
Rapid Sequence Intubation and Direct Laryngoscopy (Max 1 attempt)
Followed by video laryngoscopy (max 1 attempt), if needed use bougie (max 1 attempt)
MAX 3 ATTEMPTS TOTAL

PLAN B
Secondary intubation strategy: place an LMA or intubating LMA

PLAN C
Can't intubate, can't ventilate: cricothyrotomy (surgical airway)

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