Indications
- Inability to maintain patent airway
- Impending airway failure
- GCS \(< 8$
- Facilitate evaluation
- Protect patient and/or others

Preoxygenate with 100% O₂ while maintaining in-line c-spine stabilization

Rapid Sequence Intubation (RSI) proceeds

Apply cricoid pressure when instructed to do so. Do not release pressure until procedure is completed and tube is secure.

Usual drugs given:
- *Etomidate 0.2-0.3 mg/Kg IV* (Usual dose 20 mg)

- *Succinylcholine 1.5-2 mg/Kg IV* (Usual dose 150-200 mg)
  or
- Rocuronium 0.6-1.2 mg/Kg

Intubate; Verify placement

If after two failed intubation attempts, call Anesthesia Attending / Consider surgical airway

Insert O/G tube

Equipment
- Cardiac monitor
- IV access
- ACLS drugs
- Pulse oximetry
- O₂ source
- Surgical airway tray
- Suction
- ETCO₂ monitor
- Laerdale/Amb bag

Documentation Key Points
- Patient's need for RSI
- ETT depth, tube size, volume of air in cuff
- Confirmation of tube placement (breath sounds, visualization of tube passing through cords, rise and fall of chest, SaO₂)

Post-intubation meds
- Morphine/Ativan/Vecuronium