Drug Assisted Intubation Check List
Preparation
□Nasal Cannula □NPA □Suction □ET Tube □Video Laryngoscope □BIAD □Bougie
□BVM w/ PEEP valve □Capnography
□Roles Assigned
□Ketamine □Rocuronium
Sedation/Oxygenation
□Ketamine 2.0mg/kg slow IV/IO Dose: Time:
□Insert NPA and apply nasal cannula (capnography preferred) at max flow rate
□Pre-oxygenate patient with BVM at normal rate
☐ Begin PEEP at 5cmH <sub>2</sub> O and increase as needed (max PEEP of 10)
□ Ventilate for 3 minutes
☐ If resources allow, preform 2 person BVM ventilations
□Position patient at a 30° angle (the ear to sternal notch position)
□Prepare intubation equipment (ET tube, video laryn. BIAD, suction, bougie)
Pre-intubation SpO <sub>2</sub> : Pre-intubation Capnography:
<u>Intubation</u>
□Administer Rocuronium 1mg/kg IV/IO
Dose:
□Ventilate for 90 second
☐ Use video laryngoscope, 1 attempt for a max attempt time at 20 seconds
□If unable to intubate within 20 seconds, abort attempt and insert a BIAD
Post Intubation
□Confirm placement of ET Tube or BIAD
□Ventilate at a rate of 10/min
□Secure placement of ET Tube or BIAD
□Administer Ketamine 1mg/kg every 10 minutes to maintain sedation (from start of initial dose)
□Post-intubation SpO <sub>2</sub> : □Post-intubation Capnography:
□Contact receiving facility to notify of use of DAI
<u>Data</u>
Time Started: Time Completed:
Lead Provider:
<u>Notes</u>
*Use of video laryngoscope is required
*Attempt is defined as insertion of the ET Tube pass the teeth
*Ensure patient receives Ketamine every 10 minutes after administration of first does, failure can lead
to patient being conscious but paralyzed
*If you run out of ketamine, you may utilize Versed 0.05mg/kg every 3-5 minutes (Max 10mg) for
sedation