



# 7. Emergency Intubation

*May be required for severe respiratory failure, cardiac instability, severe agitation, GCS<8, prolonged seizures*

- 1 Call for help and resuscitation trolley**
- 2 Deliver 100% oxygen** with ambu bag & tight mask fit & 15L/min O<sub>2</sub>
- 3 Who is the “hands-off” team leader? Assign roles**
- 4 Assist ventilation** with ambu bag if necessary, consider PEEP
- 5 Use continuous nasal oxygen 4 L/min** during intubation attempt
- 6 Optimise patient position**
- 7 Check**
  - Full monitoring (ECG, NIBP/arterial trace, SpO<sub>2</sub> trace and capnography)
  - IV access with fluid running
  - Drugs drawn up (see across)
  - Working suction with Yankauer attached
  - Two tracheal tubes (ETT 7 and ETT 8) and 20 mL syringe
  - Two laryngoscopes +/- **C mac video laryngoscope**
  - Bougie
  - Laryngeal masks/ guedels/other available and working
- 8 Announce the airway strategy to the team**

**No more than 3 attempts at direct/video laryngoscopy with Bag-Mask Ventilation between attempts. Then Go to ⇨ CHKLST 8**

## DRUG DOSES and treatments

### Give drugs via central line if available

Induction agent	Etomidate 5-10ml Propofol 2-10 ml
Muscle relaxant	Rocuronium 1mg/kg up to 100mg Suxamethonium 1mg/kg up to 150mg
Vasopressor	Metaraminol 0.5mg, titrate to response
Maintain anaesthesia	Propofol infusion

## Roles

### Team leader (coordinator)

**Remains ‘hands off’ and keeps an overview**

### First intubator

**Preoxygenates**

**Assists ventilation as required**

**Reassures patient**

### Second intubator/drug administrator

**Ensures all drugs are prepared**

**Administers drugs**

**Supports circulation with vasoactives medications**

### Cricoid pressure

**Maintain cricoid pressure until told to stop**

### Intubator’s assistant

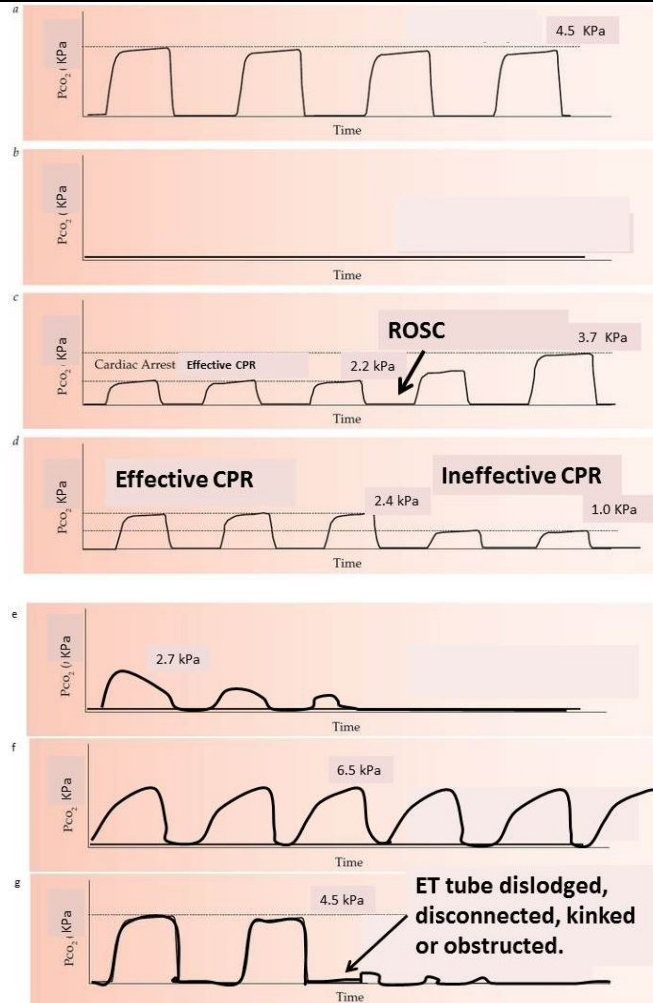
**Prepares and checks cuffs on ETTs**

**Has supraglottic devices/boogies to hand**

**Ensures all other equipment is working appropriately**

**Inflates cuff once ETT in trachea**

### Capnography Traces You Need To Know

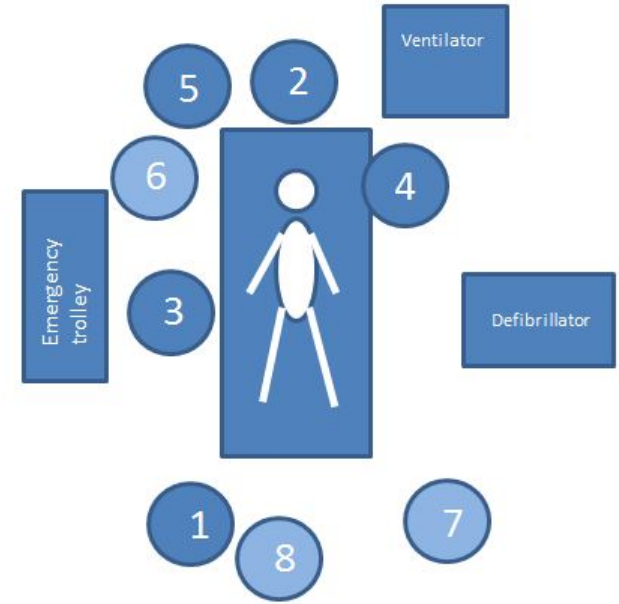


- a. Normal
- b. Oesophageal intubation
- c. Good CPR with ROSC
- d. Good CPR then Bad CPR or worsening obstructive shock or hypovolaemic shock with good CPR
- e. Oesophageal intubation
- f. COPD/asthma
- g. ET problem

pCO<sub>2</sub> values are illustrative.  
The waveform is important.

### Staff – for Emergency Intubation

- ROLES**
1. Team leader
  2. First intubator
  3. Drugs/second intubator
  4. Cricoid
  5. First airway assistant
  6. (Second airway assistant)
  7. (Runner)
  8. (Communication/Telephone/Scribe)
- 6, 7 & 8 are additional non-core roles that ideally are ideally filled



Staff positions – emergency intubation.