

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

ED Rapid Sequence Intubation (Adult)

Version 1 8/18/15

Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard _____
- Cardiac monitor
- Pulse oximetry, continuous
- Continuous End Tidal CO2 Monitor

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

Medications

Pretreatment for RSI

- lidocaine (PF) 100 mg/5 mL (2 %) injection syringe
 - 1.5 milligram/kilogram intravenously once

Analgesics

For weigh < 63 kg Select:

- fentaNYL 100 mcg/2 mL ampule
 - ____ microgram intravenously as needed for pain during procedure; may repeat every 1-3 minutes to desired effect
 - (Recommended dose range 0.5-1.5 mcg/kg)

For weigh > 64 kg Select:

- fentaNYL 250 mcg/5 mL ampule
 - ____ microgram intravenously as needed for pain during procedure; may repeat every 1-3 minutes to desired effect
 - (Recommended dose range 0.5-1.5 mcg/kg)

Neuromuscular Blocking Agents

- succinylcholine 200mg/10 mL vial
 - 1.5 milligram/kilogram intravenously once
- rocuronium (ZEMURON)
 - 1 milligram/kilogram (using ideal body weight) intravenously once
- vecuronium (NORCURON) 10 mg vial
 - 0.1 milligram/kilogram intravenously once 3 minutes prior to intubation; repeat a dose of 0.15 milligram/kilogram immediately before intubation

Anesthetics / Sedatives

- Avoid the use of etomidate for rapid sequence intubation in patients with severe sepsis
 - etomidate (AMIDATE) 40 mg/20 mL vial
 - 0.3 milligram/kilogram over 30-60 seconds intravenously once
 - ketamine (KETALAR)
 - ____ milligram over 1-2 minutes intravenously once
 - (Recommended dose range 1-2 mg/kg)
 - propofol 10 mg/mL IV (DIPRIVAN)
 - 1.5-3 milligram slow intravenous push once
 - (Recommended dose range 1.5-3 mg/kg)
 - midazolam (VERSED) 5 mg/5mL vial
 - ____ milligram intravenously as needed for sedation during procedure; May repeat every 2-5 minutes as needed for sedation
- (Recommended dose range 0.02-0.03 mg/kg)

Initials _____

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Laboratory

Blood gas study

- Arterial following intubation

Radiology

- XR Chest Single , portable, Reason for exam: Verify ETT placement

Provider Signature: _____ Date: _____ Time: _____