

RAPID SEQUENCE INTUBATION

POST INTUBATION SEDATION/PARALYSIS

All intubated patients should be aggressively sedated and treated for pain and agitation as appropriate. Aggressive sedation and analgesia after intubation may negate the need for paralysis therefore, patients should only be paralyzed after aggressive sedation and analgesia has failed to produce desired results or sedation is contraindicated. Continuous aggressive sedation/analgesia must be administered to all patients that have been paralyzed. Post intubation HR & BP should be used to help guide the dosing of sedation and analgesia. Opioid analgesics may be useful adjuncts especially in patients with pain.

SEDATIVES

Agent	Adult Dosage	Pediatric Dosage
Ativan (lorazepam)	2-4 mg IVP initially, can repeat dose q 20 minutes (See also page 13)	0.05mg/kg (not to exceed 2-4mg dose used in adults)
Versed (midazolam)	1-2 mg IVP q 2-3min until desired effect (See also page 57)	0.05—0.1 mg/kg IV given 3 minutes before procedure.

NEUROMUSCULAR BLOCKING AGENTS

Agent	Adult Dosage	Pediatric Dosage
Anectine (succinylcholine)	Average dose is 0.6 mg/kg IV (range 0.3—1.1 mg/kg) given over 10—30 seconds.	Avoid use due to rare risk of succinylcholine-induced acute rhabdomyolysis
Norcuron (vecuronium)	60 – 85mcg/kg IV initially, then 10 – 15mcg/kg after 25 – 40 minutes, then PRN every 15 minutes. Alternatively, 1 mcg/kg/minute by IV infusion can be given after the effects of the initial dose begin to subside, then adjusted to attain clinical goals.	80 – 100mcg/kg IV initially, then 50 – 100mcg/kg every hour PRN. Some patients may require dosing more frequently as this population is highly variable.

ANALGESICS

Agent	Adult Dosage	Pediatric Dosage
Morphine	2-20mg IV every 4 hours PRN	0.05-0.2mg/kg IV/IM/SUBQ every 1-4 hours
Sublimaze (fentanyl)	50-100mcg IM/IV; doses may be repeated as tolerated	1-2mcg/kg IM or slow IV. May be repeated at 30-60 minute intervals
Fentanyl for sedation maintenance in mechanically-ventilated patients: A loading dose of 1—2 mcg/kg IV is usually given, followed by a continuous IV infusion of 1—2 mcg/kg/hour. Titrate as needed to desired response. Alternatively, lower infusion rates of 25—50 mcg/hour (e.g., 0.5 mcg/kg/hour) can be initiated and the dose titrated upward, as needed.		

NEUROLEPTICS

Agent	Adult Dosage	Pediatric Dosage
Haldol (haloperidol)	2 – 5 mg IM q 4 – 8 hours; Haldol can be given IM on any floor, but IV only in ER and ICU. For intravenous Haldol, see page 30 of this book.	1 – 3mg PO q4 – 8 hours up to a maximum of 0.15mg/kg/day. Haldol IM NOT RECOMMENDED in patients < 6 years old.