

Liberty Big Room PICU ED Team (PET) Checklist

This document is to determine the need for escalation to a PICU ED Team (PET) prior to intubation in the Big Room at Liberty.

NOTE: A PICU ED Team is not a *standard PICU telemedicine* call. See below for PICU ED Team activation criteria and processes. If *standard PICU telemedicine* is needed, have ESR ask Statline to page a "Liberty Big Room Telemedicine Consult".

☐ **EXCLUSION CRITERIA: Known cardiac patients** → Please page CICU attending for these patients when intubation is being considered. Additional exclusion criteria used at Burnet (neonates, trauma patients) do not apply at Liberty.

☐ **INCLUSION CRITERIA: ESR asks Statline to page LIBERTY PICU ED Team ETA NOW** if concern for peri-intubation arrest or if any of the following criteria are met:

- ☐ Concern for myocardial dysfunction - consider bedside cardiac ultrasound **prior** to intubation
- ☐ Post-ROSC
- ☐ Persistent hypoxia (sats <90%) despite supplemental oxygenation and CPAP
- ☐ Primary metabolic acidosis *with* pH <7.1 (PET may not be needed if there is a primary respiratory acidosis, regardless of pH)
- ☐ Status asthmaticus with acute respiratory failure
- ☐ Persistent hypotension for age

Age	0-30 days	31 days - <1 yr	1 - <2 years	2-6 years	7-13 years	≥14 years
MAP	<40	<45	<50	<55	<60	<65

☐ **Discuss optimization of hemodynamics and physiologic status with PICU. Please be prepared to discuss ventilation (pressures, rate, i-time).**

☐ **Collaborate w/ PICU: Is patient still at high risk for cardiac arrest w/ intubation?** (i.e. myocardial dysfunction w/ high probability of requiring ECMO)

- ☐ **YES** → Consider transport to PICU without intubation vs intubation in Big Room. Discuss with PICU & Transport team.
- ☐ **NO** → proceed with intubation in Big Room. Return to RSI checklist.

☐ **Identify proceduralist:** We recommend either **upper-level** PEM/PICU fellows, PEM/PICU attendings or Anesthesia/ENT for all PET intubations.

☐ **For ALL patients who meet inclusion criteria, we *strongly* recommend the following should occur before intubation:**

- ☐ CPR Backboard placed
- ☐ Zoll® pads placed and hooked up to defibrillator
- ☐ Bedside cardiac ultrasound prior to intubation
- ☐ 1-2 doses of 0.1 mg/mL (code dose) epinephrine drawn up
- ☐ 1-2 doses of 1 mEq/kg NaHCO₃ drawn up (if metabolic acidosis present)

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