

Liberty PICU ED Team for High-Risk Intubations

This document is designed to help determine the need for a **Liberty PICU ED Team - High Risk Intubation** prior to intubation in the Big Room at Liberty. This only applies to high-risk intubations (see inclusion criteria below). If standard PICU telemedicine is desired, ask Statline to page a **Liberty PICU ED Team - Consult**.

Exclusion Criteria

- Patients with known cardiac history - Please page **CICU Attending**
- Additional exclusion criteria used at Burnet (neonates, trauma patients) do not apply at Liberty

When should we page the Liberty PICU ED Team?

Call Statline and ask them to page **Liberty PICU ED Team - High Risk Intubation ETA NOW** if concern for peri-intubation arrest or if **any** of the following criteria are met:

Concern for myocardial dysfunction - consider STAT bedside ECHO prior to intubation
PICU fellow needs to consult Cardiology

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 d	31d - <1 y	1 - 2 y	2 - 6 y	7 - 13 y	≥14 y
MAP	<40	<45	<50	<55	<60	<65

After paging the Liberty PICU ED Team

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

2 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

3 Identify proceduralist
Select the appropriate physician. We recommend either approved PEM fellows, upper-level PICU fellows, senior EM residents, PEM/PICU attendings or Anesthesia/ENT for all PET intubations.

The following are strongly recommended prior to 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)