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

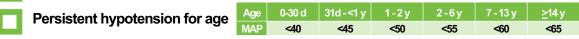
Persistent hypoxia (sats <90%) despite supplemental oxygenation and CPAP



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



After paging the Liberty PICU ED Team



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

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

- **For all patients:** CPR backboard placed and Zoll pads placed and hooked up to defibrillator
- For all patients: 1-2 doses of 0.1 mg/mL (code dose) epinephrine drawn up
- **For all patients:** Bedside cardiac ultrasound
- **For patients with persistent hypotension or cardiac dysfunction:** 1-2 doses of 10 mcg/mL (epi spritzer) epinephrine drawn up and/or epinephrine continuous infusion (32 mcg/mL) prepared
- **For patients with severe primary metabolic acidosis:** 1-2 doses of 1 mEq/kg NaHCO3 (sodium bicarbonate) drawn up