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

- ☐ **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

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