

# 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 call **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**

☐ **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 NaHCO<sub>3</sub> (sodium bicarbonate) drawn up