High flow Oxygen

Guess what 15 LPM via non-rebreather mask doesn’t equal 100% FiO2
- More like 60-70% FiO2

**Solution:** Crank up the regulator past 15 LPM (opened all the way) to 30-60 LPM = 90% FiO2

Patient Positioning

Ramp up the patient- ear to sternal notch
Takes the weight off the patient’s chest and allows them to breathe easier- also gives better view during intubation

Apneic Oxygenation

**Nasal Oxygen During Efforts to Secure A Tube (NO-DESAT)**

Why do we take away oxygen from people we are intubating?

**Solution:** Apply a nasal cannula at 15 LPM just before and during intubation- oxygen passively diffuses into bloodstream- only your sickest patients will desat (it’s like magic!)

Delayed Sequence Intubation (DSI)

**Problem:** Hypoxic patient who is combative or won’t tolerate oxygen mask or BiPAP- what to do?

DSI = Procedural Sedation for pre-oxygenation

Ketamine 1-2 mg/kg IV -> Preoxygenate patients preferable w/ BiPAP -> Push paralytics -> Intubate the patient

If patient improves after ketamine and BiPAP, can consider holding off on intubation if patient is clinically improved

Bougie Aided Cricothyrotomy

**Problem:** Bougies are usually a bloody mess- pretty much a blind procedure

**Youtube video by same name**

Make usual cric incision -> use finger to dilate hole -> insert bougie into trachea -> confirm tracheal clicks and hold-up -> use this to pass bougie until balloon on the endotracheal tube is just under the skin

**Is RSI always the best option? What about upper airway obstruct**

If you paralyze the patient with an upper airway obstruction you risk losing their airway

One option- awake cric- give ketamine -> local anesthesia (lido with epi to decrease bleeding) -> proceed with cric

Another option- the doube set-up for anticipated difficult airway
Try an attempt from above but with another provider at the patient’s neck with the cricothyroid membrane palpated and prepped to go for cric at a moment’s notice if the airway can’t be secured from above

Being prepared

**Address critical equipment and medications before you need them**

Do you always have a scalpel in your pocket in case you need to do a surgical airway?
Where’s your BiPAP Where’s your IO device? Where is your TPA? Where is your Digibind

**VL vs. DL**

DL is probably better for foreign body removal
VL gives great views but hyperangulated blades (like on the glidescope) can mean it takes longer to physically pass the tube

(Contact: [steve@embasic.org](mailto:steve@embasic.org))