

# Emergency Department Useful References

## Pretreatment

3 – 5 minutes prior to intubation

- **Fentanyl** 3mcg / kg
  - for High ICP / Vascular (eg dissection) / preeclampsia or eclampsia with elevated BP
- Consider **Lignocaine** 1.5mg / kg
  - for High ICP / Vascular with elevated BP

## Immediate “push dose” Inotrope or Vasopressor

- Adrenaline 10mcg/ml = 1:100000; dose 0.5-2ml (5-20mcg as required 1-5 minutely)
  - In 10ml syringe draw up 9ml normal saline; now draw up 1ml of **1:10000** adrenaline (from prefilled syringe) and shake = 1:100000.
  - Label syringe “Adrenaline 10mcg/ml”; discard the other syringe.
- Metaraminol 0.5mg/ml; dose 1-2ml (0.5-1mg as required 2-5 minutely)
  - In 20ml syringe draw up 19ml normal saline; now draw up 1ml of 10mg/ml Metaraminol and shake
  - Label syringe “Metaraminol 0.5mg/ml”

## Intubation Drugs

	Drug	Normotensive dose	Normotensive dose in 70kg patient	Hypotensive dose
SEDATION	Ketamine	2mg/kg	140mg	0.5mg/kg
	Thiopentone	3-5mg/kg	300mg	0.5-1mg/kg
	Propofol	1.5-3mg/kg	150mg	0.2mg/kg
PARALYSIS	Suxamethonium	1.5-2mg/kg	100mg	2mg/kg
	Rocuronium	For RSI 1.2mg/kg	85mg	1.6mg/kg
	Sugammadex	16mg/kg reversal of rocuronium 2min post administration	1120mg As 100mg/ml solution In 2 or 5ml vials	16mg/kg

## Contraindications to Suxamethonium

- Malignant hyperthermia history
- Strokes with hemiparesis > 72 hours
- ICU stay > 2 weeks
- Burns / trauma > 72 hours
- NMJ disease
- Myopathies / Muscular dystrophies
- Hyperkalaemia (known or suspected)
- Guillain-Barre
- Penetrating eye injury and acute glaucoma

## Initial Ventilator Settings

Adjust as per clinical & ABG assessment  
Seek ICU advice if concerns

Settings	Normal Lungs	Asthma / COPD	ARDS /ALI type lungs	Severe metabolic acidosis	Severe Head Injury
Mode	Volume				
FiO2	Start at 100% and titrate down rapidly ideally achieving FiO2 0.4 Aim for oxygen sats > 94%; pO <sub>2</sub> > 70; avoid significant hyperoxia. Aim Pplat < 30				
Vt ml/kg IBW	6-8	5-6	6	10	6-8
RR	14	8-10	14	20	16
PEEP	5	Asth 0 COPD 5	5 - 10	5	5
I:E ratio	1:2	1:4 – 1:5	1:2	1:2	1:2
Notes	Maintain homeostasis and avoid lung injury	Watch for breath stacking, & barotrauma Consider permissive hypercapnea	Watch pressures; may need to lower Vt and accept higher CO <sub>2</sub> Titrate FiO <sub>2</sub> & PEEP	Maintain respiratory compensation for acidosis. Watch for gas trapping	Avoid high PEEP Aim PCO <sub>2</sub> 35-40

## Initial post intubation analgesia / sedation infusions

Infusion	Dose	Mixer	Bolus	Rate	Indication
Morphine & Midazolam	50mg 50mg	50ml NS	0.05 ml/kg	0.05-0.1 ml / kg / hr 70kg adult = 5 ml / hr	Maintain analgesia & sedation
Propofol	500mg (50ml)		0.5 mg / kg	20-30 mcg/kg/min 70kg adult = 10 ml / hr	Stable, with severe neurologic injury.
Ketamine	200mg	50ml NS	0.5mg/kg	0.5mg/kg/hr 70kg adult = 9 ml / hr	Unstable

This checklist is for informational purposes only.

ALL information must be vetted with your clinical judgment, pharmacy and hospital committees & regulations