

# PEDIATRIC RSI DRUGS

\*The following information is intended as a guideline for the acute management of children requiring rapid sequence intubation. Management of your patient may require a more individualized approach.\*

Clinical Scenario	Pre-Med?	Induction	Paralytic
1. INFANT <3 MONTHS	Atropine	Midazolam	Rocuronium
2. NORMOTENSIVE, EUVOLEMIC	⊘	Etomidate Alt: Ketamine	Rocuronium Alt: Succinylcholine
3. SEVERE HYPOTENSION	⊘	Ketamine	Rocuronium Alt: Succinylcholine
4. SEPSIS	⊘	Ketamine Alt: Etomidate	Rocuronium Alt: Succinylcholine
5. TRAUMA WITHOUT HEAD INJURY	⊘	Etomidate Alt: Ketamine	Rocuronium Alt: Succinylcholine
6. ISOLATED HEAD TRAUMA, NORMOTENSIVE	Lidocaine	Etomidate	Rocuronium
7. ISOLATED HEAD TRAUMA, HYPOTENSIVE	Lidocaine	Etomidate	Rocuronium
8. INCREASED ICP	Lidocaine	Etomidate	Rocuronium
9. STATUS ASTHMATICUS	Lidocaine	Ketamine	Rocuronium Alt: Succinylcholine
10. STATUS EPILEPTICUS	Lidocaine	Midazolam or Lorazepam	Rocuronium

## DOSING AND REASONING

### Atropine

0.02 mg/kg, min 0.1 mg, max 0.4 mg

### Etomidate

0.3 mg/kg, max 20 mg

### Ketamine

1 mg/kg, max 100 mg  
Anticipate transient ↑ BP & HR

### Lidocaine

1 mg/kg, max 100 mg  
↓ ICP for head trauma, seizing  
Relaxes airways in asthma

### Lorazepam

0.1 mg/kg, max 4 mg  
Option for status epilepticus

### Midazolam

0.1 mg/kg, max 5 mg

### Rocuronium

1 mg/kg, max 100 mg  
1<sup>st</sup> line paralytic  
No absolute contraindications

### Succinylcholine

1-2 mg/kg, max 150 mg  
Contraindications: burns >6h, hyper-K, dialysis, neuromuscular disorders

\*All emergency drugs (i.e., epinephrine, atropine, vasopressors) should be immediately available during RSI.

\* See code sheets for Braslow tape, mL dosing and additional resources.

**Call: Anesthesia (46199), PICU (45488), Clinical pharmacy (43765)**