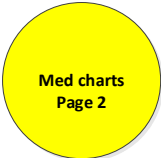




**Respiratory - Airway  
SEDATION POST AIRWAY PLACEMENT  
Practice Guideline**



**Patient Care Goals**  
 1. Reduce pain or distress in the intubated patient with improving consciousness  
 2. Maintain adequate oxygenation and ventilation

**Patient Presentation:**  
**Inclusion Criteria**  
 Patient has advanced airway in place and is showing signs of agitation.  
 - Bucking the airway  
 - Increased heart rate  
 - Tearing  
 - Patient Movement  
**Exclusion Criteria**  
 Intubated patients tolerating airway without agitation

**Patient Management**  
 For initial medical event of **non-cardiac** etiology  
 Ketamine  
 0.3 mg/kg IV/IO  
 Dilute 100 mg in 100 ml NS or D5W  
 \*\*Draw off weight-based dose\*\*  
 Slow push given over 2 minutes  
 Max single dose 30 mg  
 Max total 3 doses

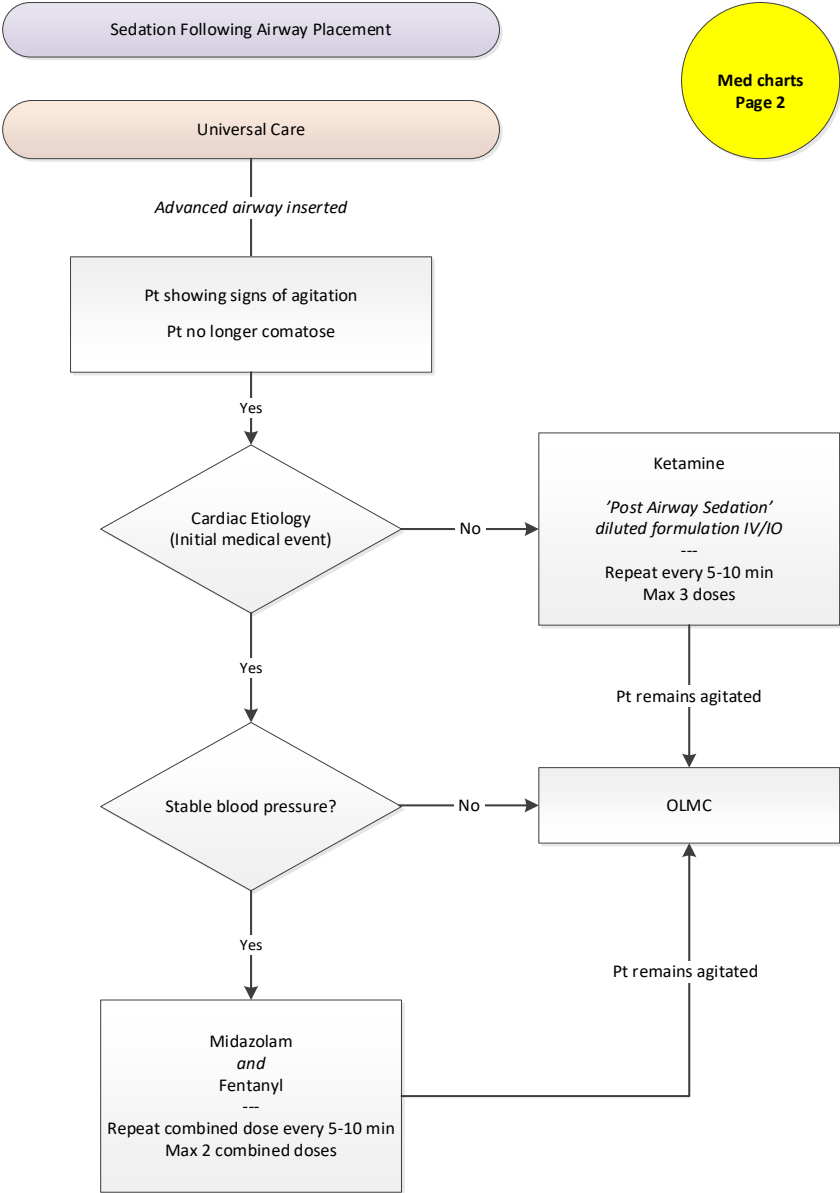
For initial medical event of **cardiac** etiology  
 Midazolam  
 0.1 mg/kg IV/IO to max single dose 2 mg  
 --AND--  
 Fentanyl  
 0.5 – 1 mcg/kg IV/IO to max single dose 100 mcg  
 COMBINED DOSE – Max total 2 combined doses

**Patient Safety Considerations:**  
 Utilize capnography whenever sedation is employed  
 Monitor capnography for signs of respiratory decompensation  
 Contact OLMC for pts who remain agitated after max dosing  
 Continue to provide ventilatory support

**Stable blood pressure** = SBP ≥ 90 or age appropriate

**Quality Improvement:**  
 Key Documentation Elements:  
 Initial airway status  
 Medical decision-making for sedation  
 Capnography trends  
 Pt weight

**Performance Measures**  
 1. Early EtCO2 monitoring





**Respiratory - Airway  
SEDATION POST AIRWAY PLACEMENT  
Practice Guideline**

NON-Cardiac Etiology:		KETAMINE													
KETAMINE	ADULT DOSE	PEDIATRIC DOSE				ADMINISTRATION GUIDELINE				INDICATIONS		CONTRA-INDICATIONS		NOTES	
Post Airway Sedation <b>IV/IO</b> SLOW PUSH	0.3 MG/KG Max Dose 30 mg				Dilute 100 mg into 100 mL bag  Draw off weight-based dose  Slow push given over 2 minutes				Sedation following airway insertion		Initial medical event of cardiac origin				
	Concentration: Dilute 100 mg in 100 mL														
Weight (kg)		5	10	15	20	25	30	35	40	50	60	70	80	90	100
Dose (mg)		1.5	3	4.5	6	7.5	9	10.5	12	15	18	21	24	27	30
Post Airway Sedation	(0.3mg/kg)	1.5 mL	3 mL	4.5 mL	6 mL	7.5 mL	9 mL	10.5 mL	12 mL	15 mL	18 mL	21 mL	24 mL	27 mL	30 mL

Cardiac Etiology:		FENTANYL																
FENTANYL	ADULT DOSE	PEDIATRIC DOSE				ADMINISTRATION GUIDELINE				INDICATIONS		CONTRAINDICATIONS						
Analgesia <b>IV/IO</b> SLOW PUSH <b>IM/IN</b>	0.5-1 mcg/kg Max Dose 100 mcg Max Total: 300 mcg				0.5-1 mcg/kg Max Dose 100 mcg Max Total: 300 mcg				IV/IO <b>slow</b> push given over 1 minute IM/IN				Pain Management		Respiratory Depression Refractory Hypotension			
	Concentration: 100 mcg in 2 mL																	
Weight (kg)		5	10	15	20	25	30	35	40	50	60	70	80	90	100			
Dose (mcg)		5	10	15	20	25	30	35	40	50	60	70	80	90	100			
Analgesia (0.5-1 mcg/kg)		0.1 mL	0.2 mL	0.3 mL	0.4 mL	0.5 mL	0.6 mL	0.7 mL	0.8 mL	1 mL	1.2 mL	1.4 mL	1.6 mL	1.8 mL	2 mL			

***NEW FORMULARY JUNE 2022***		MIDAZOLAM										***NEW FORMULARY JUNE 2022***				
MIDAZOLAM	ADULT DOSE	PEDIATRIC DOSE				ADMINISTRATION GUIDELINE				INDICATIONS		CONTRAINDICATIONS				
Post Airway Sedation <b>IV/IO</b> BOLUS	2 mg				0.1 mg/kg				IV/IO bolus given over 10 seconds				Advanced Airway Placement		Hypotension	
	*new* Concentration: 5 mg in 1 mL *new*															
Weight (kg)		5	10	15	20	25	30	35	40	≥ 45						
Dose (mg)		0.5	1	1.5	2	2	2	2	2	2						
Post Airway Sedation (0.1 mg/kg)		0.1 mL	0.2 mL	0.3 mL	0.4 mL	0.4 mL	0.4 mL	0.4 mL	0.4 mL	0.4 mL						

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Revision 3

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