

Appendix 2 (as supplied by the authors): Modified procedure for rapid-sequence intubation, as presented in the emergency department asthma care pathway (www.on.lung.ca/Health-Care-Professionals/EDACP/emerg_path_dl.php). Reproduced with permission from the Ontario Lung Association. Funded by the Government of Ontario.

Rapid Sequence Intubation

For rapid sequence intubation, when available, consult a physician experienced in this procedure

Prepare: <ul style="list-style-type: none">• Assemble equipment and verify functioning: suction, self-inflating bag & mask, oxygen source, laryngoscope, endotracheal tubes in varying sizes, stylet• Ensure reliable IV access• Assistant present	Induction: <ul style="list-style-type: none">• ketamine 1.5 mg/kg IV (give as a bolus and may be an effective bronchodilator at doses of 2 - 3 mg/kg); OR• propofol 2.0 - 2.5 mg/kg IV (start with 1.0 mg/kg);• with or without midazolam 0.1 - 0.3 mg/kg IV
Preoxygenate: <ul style="list-style-type: none">• 100% oxygen and follow SpO₂%	Paralysis: <ul style="list-style-type: none">• succinylcholine 1.5 mg/kg IV; OR• rocuronium 1.0 mg/kg IV