The 10 P's of Rapid Sequence Intubation

Chapter 8

Now that we have explored so many aspects of airway management in detail, let's go back and expand on these ten critical steps first introduced in Chapter 2. Recall that the "P's" are a useful clinical and teaching mnemonic to recall the critical steps of RSI. Other sources may break RSI down into only 5 or 7 steps.

1. Pre-oxygenate

- Tight-fitting non-rebreather mask at 10 – 15 liters/minute.
  - Requires at least 3 minutes.
- No positive pressure unless patient is hypoxic.
- Ideally with at least 20 degrees of head elevation.
- CPAP/BiPAP or assisted ventilations may be used in the hypoxic patient.
- Patients then categorized as having "adequate", "limited" or "no" reserve.

2. Protect the C-spine

- Whenever the mechanism of injury suggests a possible cervical spine injury maintain cervical spine immobilization during the entirety of the intubation process.
- You MUST remove the front of the cervical collar so that the mandible can be displaced anteriorly to allow visualization of the vocal cords.
- Have an assistant provide in-line stabilization and a jaw thrust.
- Consider gentle relaxation of cervical precautions if absolutely necessary to facilitate intubation.

3. Pressure to the Cricoid

- Applied from time RSI meds given until tube confirmed in trachea.
- Applied during any BVMV.
- Avoid over-compressing the larynx and obstructing the airway.
- Pressure should be reduced/released in the event of difficult laryngoscopy.

Steven Cordova

4. Ponder

- Equivalent to the JCAHO "time-out".
- Assess LEMONS.
- Is RSI is really the best option for this patient?
- How much reserve does this patient have?
- Is this likely to be a difficult intubation?
- What is your back-up plan in case of a difficult or missed intubation?

5. Prepare Equipment and People