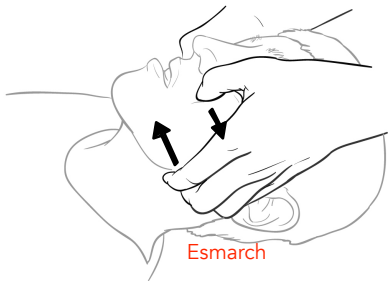


Agent	Dose*	Contraindications	Comments
Propofol	0.5-1 mg/kg IV, then 0.5 mg/kg q1-2 min prn	Egg or soy allergy	Preferred for shorter procedures and where muscle relaxation is of benefit; <u>avoid if hypotension</u> is a concern
Ketamine  KetanestS	1-2 mg/kg IV over 30-60 sec or 4-5 mg/kg IM, repeat half dose prn  half dose	<b>Absolute:</b> age < 3 months, schizophrenia <b>Relative:</b> major posterior oropharynx procedures; history of airway instability, tracheal surgery, or tracheal stenosis; active pulmonary infection or disease; cardiovascular disease; CNS masses, abnormalities, or hydrocephalus	Preferred for longer procedures; avoid if hypertension/tachycardia is a concern; have midazolam available to manage emergence distress; muscle tone is preserved or increased; post-procedure emesis may be mitigated by prophylactic ondansetron
Etomidate	0.1-0.15 mg/kg IV, then 0.05 mg/kg q2-3 min prn		Intra-procedure myoclonus or hypertonicity, as well as post-procedure emesis, are common
Fentanyl	1-2 mcg/kg IV, then 1 mcg/kg q3-5 min prn		Comparatively delayed onset of action; do not re-dose too quickly
Midazolam	.05 mg/kg IV, then .05 mg/kg q3-5 min prn	Pregnancy, allergy to benzyl alcohol	Comparatively delayed onset of action; do not re-dose too quickly
Pentobarbital	1 mg/kg IV, then 1 mg/kg q3-5 min prn	Pregnancy, porphyria	Use for painless procedures where analgesia is not needed
Reversal Agent	Dose		Caution
Naloxone	0.01-0.1 mg/kg IV or IM (typical adult dose 0.4 mg), max 2 mg		
Flumazenil	0.01 mg/kg IV (typical adult dose 0.2 mg ) over 20 seconds, max 1 mg		Only use in benzodiazepine naïve patient

**\*All doses should be reduced in the elderly and in patients with marginal hemodynamics**

consider ideal weight

Have you bag mask system ready (Ambu, Kuhn)



## PSA Intervention Sequence

- Proceed down intervention sequence as slowly as patient condition permits
- Jaw thrust as illustrated above - thumbs on maxilla, four fingers posterior to ramus
- Laryngospasm notch is behind the earlobe, between mastoid process and condyle of mandible – bilateral, firm pressure medially and cephalad (up and in)
- If rescue ventilation is required, bag slowly and gently
- see [emupdates.com/psa](http://emupdates.com/psa) for details

Detect hypoventilation early (e.g. etCO<sub>2</sub> capnography)

Stop the drugs Give O<sub>2</sub>, e.g. non-rebreather

Position the patient Up 30°

Jaw thrust Esmarch

Suction if needed

Laryngospasm notch pressure

Nasal airways

Consider reversal agents

Bag mask or LMA ventilation

Oral airway, ventilation

Intubate