The Seven P's of RSI

A mnemonic that outlines the key steps of RSI planning and performance



Includes assessing the patient's airway for potential difficulty, developing an airway management plan (including a backup plan), and assembling all necessary personnel, equipment, and medications.

PREINTUBATION OPTIMIZATION

Involves recognizing and addressing areas of physiologic vulnerability that may complicate resuscitative efforts, even if tracheal intubation goes quickly and smoothly. This includes hemodynamic optimization with IV fluids, blood products, and vasopressors as necessary, relief of hemopneumothorax and hemostasis for trauma patients, and maximal preoxygenation for all patients.



Refers to positioning the patient for laryngoscopy and protecting against aspiration prior to placement of the tracheal tube by avoiding bag-mask ventilation. Bag-mask ventilation is unnecessary if the patient has been successfully preoxygenated and is at low risk for oxygen desaturation. Ventilation interposed between paralysis and intubation creates a potential risk for regurgitation and aspiration.



PREOXYGENATION

Creates a large oxygen reservoir that delays oxygen desaturation during the apneic period of RSI. A nonrebreather mask or a bag-valve mask with flush rate (wide open) should be used for a minimum of 3 minutes followed by passive oxygenation via high-flow nasal cannula prior to induction. Special attention to patients with severe illness, obesity, or pregnant women as they may desaturate in less than 3 minutes.

PARALYSIS WITH INDUCTION

Entails a simultaneous IV administration of a rapidly acting induction agent and an NMBA (paralytic agent) aimed at producing unconsciousness and complete muscular

PLACEMENT WITH PROOF

Involves placing the endotracheal tube (ETT) under direct visualization of the vocal cords and proving proper ETT placement. End-tidal CO2 determination (either colorimetric or quantitative) must be performed to determine proper placement.

POSTINTUBATION MANAGEMENT

Includes securing the tracheal tube, checking a postintubation chest radiograph for positioning and evidence of complications, and managing the ventilator appropriately. Drugs used for RSI are generally short-acting and the clinician must provide adequate longer-term sedation, analgesia, and sometimes

ICU Course

45

seconds

30

seconds

Time 0

60 seconds

-3 min

