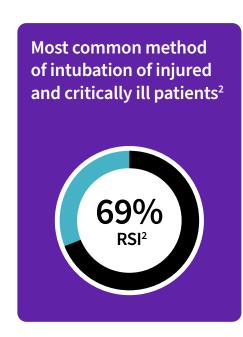


Rapid Sequence Intubation (RSI) in the ED

The importance of EtO₂ monitoring to support patient preoxygenation

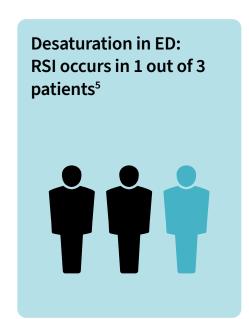
RSI evidence shows significantly high rate of adverse outcomes in ICU and ED compared with anesthetic practice¹



Transient O₂ desaturation during ED RSI^{3,4} Dysrhythmia

- Hemodynamic decompensation
- Hypoxic brain injury
- Cardiac arrest

19.2% Hypoxemia 3.4% Dysrhythmia



The NAP4 guidelines suggested standard monitoring for ED, ICU, WARD1

- ECG
- Oximetry Heart rate
- Blood pressure
- Waveform capnography
- End-tidal oxygen concentration (when available)



Optimizing preoxygenation with EtO, Monitoring

is > 85%

Guidelines suggest critically ill patients undergoing RSI to be preoxygenated until EtO, is >85%1

Apnea deactivated

Evidence⁶ demonstrated that during RSI:



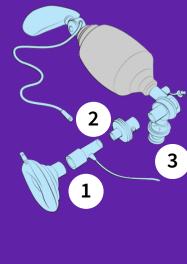
20 % patients manifested desaturation SpO₂ < 90 %

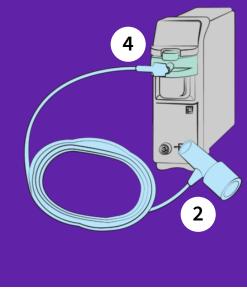


Those patients did not reach EtO₂ >85 % at induction

The use of a gas analyzer to measure FiO, and EtO₂ can provide a reliable measure of patient oxygenation during RSI7

- 1. Bag mask valve (BMV) 2. Airway adapter
- 3. HMEF filter
- 4. E-sCO module





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Data subject to change.

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