Initiate weight based propofol infusion
- Start infusion at: 5mcg/kg/min
- Increase infusion by 5-10 mcg/kg/min q 5 minutes to achieve subjectively adequate sedation
- Continuous BP cycling q 2 minutes
- Do not exceed 50 mcg/kg/min unless arterial line placed
- Maximum dose with arterial line in place is 80 mcg/kg/min
- Reduce propofol infusion dosing by ½ if SBP <120 or MAP<90

For pain control – administer continuous fentanyl infusion: 25-100 mcg/hr
(Document reason such as patient size, multiple injuries, etc., if administering >100 mcg/hr.)
EmergencyKT: Post RSI Management

For Non-TBI Post Intubation Management
Choose One Regimen:
- Propofol + Fentanyl
  - Or
- Lorazepam + Fentanyl
  - Or
- Midazolam Intermittent Dosing + Fentanyl

PROPOFOL
Initiate weight based Propofol infusion:
- Start infusion at 5mcg/kg/min
- Increase infusion by 5-10 mcg/kg/min q 5 min. to achieve subjectively adequate sedation per MD or RN
- Do not exceed 80 mcg/kg/min
- Continuous BP cycling q 2 minutes
- Reduce Propofol infusion by ½ if SBP<90 or MAP<60

LORAZEPAM
Initiate Lorazepam gtt: 0.5 – 2.0 mg / hr IV

MIDAZOLAM
Intermittent Midazolam 1 mg – 5mg IVP q 60 min
Hold if SBP < 100

For pain control, administer continuous fentanyl infusion: 25-100 mcg/hr
(Document reason such as patient size, multiple injuries, etc., if administering >100 mcg/hr.)