Standardized Rapid Sequence Intubation with Ketamine

*Use of a protocol stipulating ketamine as the only induction agent reduced need for redosing and time to intubation.*

Among the many induction agents available for rapid sequence intubation (RSI), ketamine is the least likely to cause hypotension. An academic Level 1 trauma center in California implemented an RSI protocol with ketamine (2 mg/kg) as the only induction agent. Investigators conducted a retrospective before-and-after study to determine the effects of the protocol.

The study included 266 trauma patients intubated during the year before implementation and 173 intubated during the 2 months after implementation. Induction agents used for RSI in the preimplementation group included etomidate, midazolam, and fentanyl. More patients required medication redosing to achieve RSI before implementation than after (6.4% vs. 1.7%). The time from medication administration to intubation decreased from 4 minutes before implementation to 3 minutes after. The authors did not report patient outcomes.

**Comment:** The authors correctly note that previous claims that ketamine increases intracranial pressure have been refuted by several studies. Ketamine's properties as an excellent analgesic and a dissociative anesthetic with minimal propensity to cause hypotension make it a good option for emergency department intubation.

— Daniel J. Pallin, MD, MPH

Published in *Journal Watch Emergency Medicine* January 4, 2013

**Citation(s):**


- Medline abstract (Free)