Clinical Scenario	Pre-Med?	Induction	Paralytic
1. INFANT <3 MONTHS	Atropine	Midazolam	Rocuronium
2. NORMOTENSIVE, EUVOLEMIC	⊘	Etomidate Alt: Ketamine	Rocuronium Alt: Succinylcholine
3. SEVERE HYPOTENSION	⊘	Ketamine	Rocuronium Alt: Succinylcholine
4. SEPSIS	⊘	Ketamine Alt: Etomidate	Rocuronium Alt: Succinylcholine
5. TRAUMA WITHOUT HEAD INJURY	⊘	Etomidate Alt: Ketamine	Rocuronium Alt: Succinylcholine
6. ISOLATED HEAD TRAUMA, NORMOTENSIVE	Lidocaine	Etomidate	Rocuronium
7. ISOLATED HEAD TRAUMA, HYPOTENSIVE	Lidocaine	Etomidate	Rocuronium
8. INCREASED ICP	Lidocaine	Etomidate	Rocuronium
9. STATUS ASTHMATICUS	Lidocaine	Ketamine	Rocuronium Alt: Succinylcholine
10. STATUS EPILEPTICUS	Lidocaine	Midazolam or Lorazepam	Rocuronium

DOSING AND REASONING

Atropine
0.02 mg/kg, min 0.1 mg, max 0.4 mg

Etomidate
0.3 mg/kg, max 20 mg

Ketamine
1 mg/kg, max 100 mg
Anticipate transient ⬆ BP & HR

Lidocaine
1 mg/kg, max 100 mg
⬇ ICP for head trauma, seizing
Relaxes airways in asthma

Lorazepam
0.1 mg/kg, max 4 mg
Option for status epilepticus

Midazolam
0.1 mg/kg, max 5 mg

Rocuronium
1 mg/kg, max 100 mg
1st line paralytic
No absolute contraindications

Succinylcholine
1-2 mg/kg, max 150 mg
Contraindications: burns >6h, hyper-K, dialysis, neuromuscular disorders