Rapid sequence induction (RSI) is performed when intubation is urgent and/or there is concern for possible aspiration.

**Indications:**
- Urgent intubation with concern for potential aspiration.

**Contraindications:**
- Patient who is believed to have a difficult airway for any reason.

**Alternatives:**
- Awake intubation
- Sedated intubation

**Pre-oxygenation**
- Provide 100% oxygen to the patient for at least 4 minutes in a normal patient to fill the lungs (functional residual capacity or FRC) with 100% oxygen.
  - The goal of this is to provide a reserve of oxygen in the patient’s lungs so he/she will not desaturate significantly during the apneic period prior to insertion of the endotracheal tube.
- NOTE: This may not prevent oxygen desaturation in patients with lung disease because their FRC is already compromised.

**Administering Medications**
- Administer an appropriate dose of analgesics, amnestics and/or sedatives.
- Administer appropriate dose of muscle relaxant.
  - With RSI, succinylcholine or rocuronium are good choices because they work in 60 seconds.
- Avoid ventilating the patient for fear of filling the stomach with air and inducing vomiting.
- Because the patient is pre-oxygenated, they will have a reserve to prevent desaturation for a short time.

**Cricoid Pressure**
- Apply cricoid pressure after administering medications (Sellick maneuver) (Figure 1).
- Push the cricoid cartilage posteriorly to occlude the esophagus and prevent passive regurgitation of stomach contents into the oropharynx.
- Someone should be assigned this as their only task, if possible.
- If a patient does start to vomit, suction and turn them on their side.
- Intubate the patient and inflate the cuff if applicable.
- Release cricoid pressure after the endotracheal tube is securely in place.

**SUMMARY**
RSI differs from standard intubation in that there is no ventilating the patient between administering medications and proceeding with intubation. It is performed in patients in whom intubation is urgent and there are concerns for aspiration.