

Awake Fiberoptic Intubation— Precedex® Adult Treatment Protocol

The protocol below reflects treatment with Precedex in a Phase III, randomized, multicenter, double-blind study of 105 patients with high-risk airways undergoing elective awake fiberoptic intubation.

Infuse Precedex with a controlled infusion device.

In patients already sedated with other anesthetics, sedatives, hypnotics or opioid analgesics, a Precedex loading dose may not be necessary.

Coadministration of anesthetics, sedatives, hypnotics and opioids with Precedex can enhance the pharmacodynamic effects of these agents. A reduction in the dosage of Precedex or the concomitant medication may be required.

Patients receiving Precedex may be arousable and alert when stimulated. This alone should not be considered as evidence of lack of efficacy in the absence of other clinical signs and symptoms.

Premedicate With Glycopyrrolate 0.1 mg IV
Helps minimize aspiration risk by:

- Reducing salivary, tracheobronchial and pharyngeal secretions
- Reducing volume and free acidity of gastric secretions

Glycopyrrolate can also be used intraoperatively to counteract surgical, drug-induced or vagal reflexes associated arrhythmias and protect against peripheral muscarinic effects (e.g., bradycardia and excessive secretions) of cholinergic agents.

Start Supplemental Oxygen by Nasal Cannula or Face Mask

Prepare Precedex

- Withdraw entire 2 mL contents of the Precedex vial
- Add to 48 mL of sodium chloride injection to total 50 mL
- Shake gently to mix well

Initiate Precedex Loading Dose one (1) mcg/kg over 10 min

After 10 min, Continue Precedex Maintenance Infusion at 0.7 mcg/kg/hr

Assess Sedation Level
 15 min after initiating Precedex and every 3 min thereafter

Undersedated
Ramsay Sedation Score (RSS) = 1
RSS 1 = Patient anxious and agitated or restless or both

Administer 0.5 mg midazolam as needed (maximum 0.2 mg/kg) until RSS ≥2

Adequately Sedated

RSS 2 or more
RSS 2 = Patient cooperative, oriented and tranquil
RSS 3 = Patient responds to commands only
RSS 4 = Patient exhibits brisk response to light glabellar (between eyebrows) tap or loud auditory stimulus
RSS 5 = Patient exhibits sluggish response to light glabellar tap or loud auditory stimulus

Maintain Precedex

Apply Airway Topical Anesthesia

- Deliver nebulized 4% lidocaine (2 to 4 mL) over 10 min using a standard nebulizer with oxygen 8 to 10 L/min
- If possible, have the patient gargle with 4% viscous lidocaine (1 to 2 mL)
- For nasal intubation, place 2% lidocaine jelly (1 to 2 mL) within the nostril
- Assess sedation level (target RSS ≥2)

Assess Topicalization

- *Oral intubation:* Stimulate the uvula, tongue and bilateral posterior pharyngopalatine fauces with a wooden tongue blade
- *Nasal intubation:* Stimulate the posterior nares at least 3 cm from the anterior os with a soft-tipped swab stick in addition to stimulating the uvula, posterior tongue and bilateral posterior pharyngopalatine fauces with a wooden tongue blade

Intubate the Patient After Adequate Topical Anesthesia, RSS ≥2 and Absence of Gag Reflex

- Administer additional 2% lidocaine (in 1 to 2 mL aliquots) to the lower airway via the working channel of the bronchoscope
- Ask the patient to take slow, regular and deep breaths to facilitate distribution of the local anesthetic to the lower airway
- Administer 0.5 mg midazolam as needed (maximum 0.2 mg/kg) until RSS ≥2

Expect Moderate Decreases in BP & HR
 If intervention is required, consider:

- Reducing Precedex dosage
- Discontinuing Precedex
- Administering intravenous fluid
- Elevating lower extremities
- Administering glycopyrrolate or atropine

Transient Hypertension Also May Occur
 This occurs primarily during the loading infusion. Treatment has generally not been necessary, although reduction in the loading infusion rate may be desirable.

Safety Considerations
 Hypotension and bradycardia may necessitate intervention and may be more pronounced in patients with hypovolemia, diabetes mellitus or chronic hypertension as well as in the elderly. Use with caution in patients with advanced heart block or severe ventricular dysfunction.

Please see accompanying full Prescribing Information.



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