

Out of Hospital Care Provider Policy

Title: Rapid Sequence Intubation by ALS care providers

Effective Date: December 1, 1998

POLICY:

Ensuring a secure airway is an essential component of providing patient care. The primary concern of all EMS care providers is to protect a patient's airway and ensure adequate ventilation and oxygenation. It is recognized that advanced airway management (i.e., endotracheal intubation) is sometimes necessary to achieve the goals of managing a patient's airway. It is also recognized that a small population of patients cannot be intubated without the use of a paralyzing agent due to patient combativeness, consciousness, semi-consciousness, or jaw clenching. In these limited cases, where endotracheal intubation is necessary and cannot be performed without the use of an induction agent, rapid sequence intubation may be performed by properly trained and credentialed ALS care providers.

PROCEDURE:

In order for an ALS care provider to perform rapid sequence intubation the following must occur:

- (1) The ALS care provider must be credentialed to perform rapid sequence intubation by his/her medical director in accordance with the Western Regional Emergency Medical System guidelines. Credentialing requires that the ALS care provider perform a minimum of five witnessed rapid sequence intubations in the presence of a supervising physician. These rapid sequence endotracheal intubations must be documented on the ECMC Emergency Department RSI Clinical Documentation Form (see attachment B).
- (2) The ALS care provider must have the permission of his/her medical director to perform rapid sequence intubation in the field.
- (3) The ALS care provider must be current with all continuing medical education requirements.
- (4) A patient must be a candidate to receive rapid sequence intubation as outlined in the *Western Regional Emergency Medical System 3rd Edition Adult and Pediatric Advanced Life Support Protocols*.
- (5) A second ILS or ALS care provider (credentialed in RSI) must be present to assist in the procedure.
- (6) All necessary equipment and pharmacological agents must be available. This includes a readily available jet ventilator should the need for needle jet ventilation arise.
- (7) The Rapid Sequence Intubation Protocol, as written in the *Western Regional Emergency Medical System 3rd Edition Adult And Pediatric Advanced Life Support Protocols*, must be followed. (see attachment A).

ECMC Emergency Department RSI Clinical Documentation Form

(For Paramedics)

Objectives:

- 1) Recognize which patients are candidates for rapid sequence intubation.
- 2) Recognize contraindications to rapid sequence intubation.
- 3) Properly manage/control the airway by performing rapid sequence intubation under the supervision of an emergency physician. The candidate must perform the proper steps in the proper order.
- 4) Demonstrate familiarity with the pharmacological agents utilized when performing rapid sequence intubation. This includes demonstrating knowledge of drugs, drug doses, routes of administration, actions, contraindications and side effects.
- 5) Demonstrate leadership ability by directing others to assist when performing rapid sequence intubation.
- 6) Demonstrate ability to manage the airway if rapid sequence intubation is unsuccessful.

Checklist:

- _____ (1) Appropriately determines need for rapid sequence intubation.
- _____ (2) Appropriately considers contraindications.
- _____ (3) Assembles necessary equipment.
- _____ (4) Preoxygenates patient. Ventilates patient prn. Observes pulse-ox & cardiac monitor.
- _____ (5) Initiates IV.
- _____ (6) Administers Lidocaine if suspected intracranial process (100mg IV).
- _____ (7) Administers Etomidate (20mg IV).
- _____ (8) Instructs helper to apply cricoid pressure until ET tube cuff is inflated.
- _____ (9) Administers Succinylcholine (100mg IV or 1.5mg/kg IV).
- _____ (10) Maintains SaO₂ above 91%. Ventilates patient with BVM prn.
- _____ (11) Maintains cervical spine precautions prn.
- _____ (12) Passes endotracheal tube using correct procedure.
- _____ (13) Confirms endotracheal tube placement using EDD or end-tidal CO₂ monitor.
- _____ (14) Confirms endotracheal tube placement via auscultation.
- _____ (15) Ventilates patient with 100% oxygen.
- _____ (16) Administers Vecuronium (10mg IV).
- _____ (17) Administers Diazepam (5mg IV).
- _____ (17) Inserts Nasogastric tube prn.
- _____ (18) Successfully manages the airway if intubation attempt(s) fail.
- _____ (19) Properly secures endotracheal tube.
- _____ (20) Completes appropriate documentation.

Date: _____ Time: _____

Paramedic Name (print): _____

Paramedic Signature: _____

Supervising Physician Name (print): _____

Supervising Physician Signature: _____