

Suffolk County Emergency Medical Services System
RAPID SEQUENCE INTUBATION PROGRAM
POLICIES AND PROCEDURES
(Version 2019.05)

Suffolk County Emergency Medical Services System
Advanced Life Support
RAPID SEQUENCE INTUBATION PROGRAM: POLICIES AND PROCEDURES

Overview

Rapid Sequence Intubation has been used extensively in the hospital setting to provide safe intubating conditions in the critically ill and injured. However, the use of rapid sequence intubation in the pre-hospital setting has been the subject of significant research and controversy. Therefore, this program has been established after a review of the most up to date medical literature and best practice, from both within the United States, and around the developed world. The Rapid Sequence Intubation (RSI) Program exists to provide the clinical use of RSI within the Suffolk County Emergency Medical Services (EMS) System. This program is designed for RSI to be used in a safe and controlled manner, with a foundation in most current evidence-based practice of medicine.

Authorization & Rapid Sequence Intubation (RSI) Subcommittee

The Rapid Sequence Intubation Program is authorized by the Suffolk County Regional Emergency Medical Advisory Committee (REMAC) and overseen by the Regional EMS Medical Director, the REMAC Quality Assurance (QA) Subcommittee, the REMAC Protocol Subcommittee and compendium of agency / service medical directors. Regional oversight is the authority of the RSI Subcommittee, which is a standing subcommittee of the Suffolk County REMAC, and shall be herein referred to as the "RSI Subcommittee."

The RSI Subcommittee shall be responsible for the review of agency and provider applications, provider training and credentialing, quality assurance / performance improvement, and the maintenance of credential. The RSI Subcommittee shall identify a chairperson (with authority as the Suffolk County REMAC RSI Medical Director) who is responsible for RSI Subcommittee coordination. Members of the RSI Subcommittee shall include: the Suffolk County REMAC Chair or designee; Suffolk County EMS System Regional Medical Director (SCEMSMD); Suffolk County EMS program agency Chief of Training (SCEMSCOT); several Suffolk County REMAC member physicians; and several authorized paramedics (non-voting members-at-large of the Suffolk County REMAC, whenever possible).

The Suffolk County REMAC, in conjunction with the RSI Subcommittee and SCEMSMD, authorizes the agency medical director to supervise implementation, agency-level quality assurance, and the agency-appropriate continuing education requirements, of the RSI Program.

The RSI Subcommittee shall meet bi-monthly to review agency and provider applications, review quality assurance data (including 100% regional case review) and identify maintenance of credentialing activities. This subcommittee shall report bi-monthly to REMAC.

Individuals and agencies providing RSI are doing so as an added service, under the oversight of the RSI Subcommittee, the SCEMSMD and their service's agency medical director. This stipulation includes all agencies providing emergency ambulance (911) response in the Suffolk County EMS system, including proprietary, hospital-based, municipal, aeromedical, government-owned, and all other EMS entities. Failure to follow these regulations will lead to the penalties described in this policy, up to and including revocation of RSI credentials for the paramedic(s) and/or the agency.

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Clinical Care

This policy does not define the manner in which the RSI procedure is clinically performed. The **Rapid Sequence Intubation Protocol** (and its subtypes), as defined in the most recent edition of the Suffolk County Regional EMS System Protocol Manual, shall be the sole authority on how such a procedure is performed in the pre-hospital setting. Both the Rapid Sequence Intubation Protocol and this Policy and Procedure are to be used **ONLY** by individuals currently credentialed as a RSI Paramedic, while working for an authorized RSI Agency.

Agencies must have video laryngoscopy available to the RSI Paramedic at the time of RSI procedure. RSI Paramedics should train with their agency's video laryngoscope as frequently as possible, especially during original credentialing and re-credentialing courses.

Initial and Continuing Education

Initial and continuing education are key components to RSI competency and proficiency. RSI Subcommittee hosted and approved original credentialing and re-credentialing courses must include didactic and psychomotor skills education, including the completion of a written exam and a high-fidelity simulation evaluation(s). It is the responsibility of the RSI Paramedic to ensure that he/she meets the education requirements described within this policy.

The RSI Subcommittee and the Suffolk County Department of Health, Division of EMS will provide RSI continuing education programs that meet the demands of current RSI-related research and the needs of the Suffolk County REMAC. Any RSI specific education should include RSI Subcommittee approved educational faculty, as well as active involvement by the agency medical director. Active involvement includes review and approval of each provider's application, and yearly attendance at a regional re-credentialing course.

The following are the RSI Subcommittee approved educational faculty:

1. RSI Subcommittee physician chairperson (Suffolk County REMAC RSI Medical Director)
2. Suffolk County EMS System Regional Medical Director
3. Physician members of the RSI Subcommittee
4. Paramedic members of the RSI Subcommittee (including the Suffolk County EMS Chief of Training)
5. Suffolk County EMS Program Agency CIC-level instructors, who are credentialed by the RSI Subcommittee

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Credentialing Requirements

RSI Agency

An RSI Agency is one that maintains the following criteria:

Participating in the RSI Program is equivalent to agreeing to these criteria.

1. Has unrestricted authorizations from the New York State Department of Health and the Suffolk County REMAC to provide Advanced Life Support care.
2. Has unrestricted authorization from the New York State Department of Health to carry and administer controlled substances (3C dispensing license or appropriate hospital alternative).
3. Has agreed to abide by the RSI Program, set forth and approved by the REMAC, including agreeing to provide their RSI Paramedic all current medications and equipment, as detailed in the most current RSI protocol (documentation of inability to obtain RSI specific medication due to shortage must be validated by the agency medical director).
4. Has agreed to follow all documentation and quality assurance (QA) requirements, as detailed in this document.
5. Utilizes a NEMESIS compliant and NYS EMS approved electronic PCR / charting platform.
6. Deploys an FDA-approved video laryngoscope and makes this device available to all appropriate advanced life support providers, during pre-hospital patient care.
7. Has agreed to make RSI Paramedics available to all EMS agencies (outside their primary operating territory, at all times, when in service) when the assistance of a RSI capable unit is requested.
8. Completes an application and attestation statement, agreeing to RSI Program requirements (Appendix A).
9. Has been approved by the REMAC and the RSI Subcommittee to provide RSI.

RSI Paramedic

An RSI Paramedic is an individual credentialed to provide Rapid Sequence Intubation to patients in the Suffolk County Regional EMS System. No paramedic may provide RSI, at any agency, if they are not credentialed at the regional level.

To act as an RSI Paramedic, the individual must practice with an agency authorized to provide RSI care (*thus, an RSI Paramedic practicing within an agency that does not provide RSI services cannot perform RSI while rendering care for that agency*). The RSI Agency is responsible for any costs required for maintaining RSI Paramedic credentialing.

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Initial Credentialing Requirements

An RSI Paramedic may be considered for application if they meet the following criteria:

1. Active practice providing pre-hospital care, as a paramedic, for a minimum of three (3) years.
2. Must have completed an approved paramedic original program, delivered in accordance with U.S. DOT standards, including didactic education, psychomotor skills, and both ambulance and hospital-based clinical rotations.
3. Ten (10) documented successful endotracheal intubations (waivers may be granted for extenuating circumstances when written documentation is not possible) over the previous five (5) years in place of ten (10) successful intubations in the setting of EMS, documented intubation success utilizing human cadaveric training and/or high-fidelity simulation may be considered.
4. Unrestricted clinical standing, at the ALS level, within the Suffolk County EMS System.
5. Have a letter of recommendation from the sponsoring agency chief.
6. Have a letter of support from the sponsoring agency medical director.
7. Have a current New York State Paramedic certification.
8. Provide care an average of thirty-two (32) hours a week in an EMS system. Waivers may be granted for extenuating circumstances, including past work experience and care provided in appropriate alternate clinical settings.
9. Have a current course completion certificate from a recognized difficult airway course (as approved by the RSI Subcommittee).
10. Successful completion of an RSI Subcommittee hosted original credentialing course, including completion of a written exam and several high-fidelity simulation evaluations, as satisfied by RSI Subcommittee faculty, submission of an appropriate skills sheet. The original credentialing course, including the high-fidelity simulation testing, must be supervised by a physician member of the RSI Subcommittee, a physician approved by the RSI Subcommittee, or the Suffolk County EMS Regional Medical Director.

Ultimate authority to submit a prospective RSI Paramedic's application to the RSI Subcommittee rests with the RSI Agency's medical director.

A formal application for entry into the RSI Program will be available through the Suffolk County Department of Health, Division of EMS (serving as program agency for the Suffolk County Regional EMS Council) and must be completed prior to consideration (Appendix B). The RSI Subcommittee will review all properly completed RSI applications on a bimonthly basis. Providers will be considered for enrollment in the program based upon their quality of clinical care, the thoroughness and accuracy of their documentation, and their procedural and clinical competency. The RSI Subcommittee may request additional documentation from the sponsoring agency to substantiate the provider's documentation and clinical skills.

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Providers meeting the clinical and documentation expectations of the RSI Subcommittee may subsequently be invited to attend a RSI Subcommittee hosted original credentialing course, which must be successfully completed prior to authorization as a RSI Paramedic. The high-fidelity simulation evaluations (Appendix C) may include competency evaluation of rapid sequence intubation, the cognitive offloading required to successfully perform pharmacologically assisted airway management, the preparation and usage of supraglottic airway devices, the procedural approach to needle cricothyrotomy, and / or associated clinical skills and decision-making abilities.

Maintenance of Credentials

All RSI Paramedics must fulfill all requirements of initial credentialing and successfully complete a minimum of four (4) hours of RSI-specific continuing education, per calendar year, that is approved by both the RSI Subcommittee and the RSI Agency medical director. RSI Paramedics will be continuously reviewed and may be suspended from the RSI Program, at any time, for not meeting the continuing education standards, documentation requirements, clinical performance standards, and / or procedural expectations. Expiration of the RSI Paramedic credential will occur at the end of the subsequent calendar year (December 31st), following completion of approved continuing education and a RSI Subcommittee re-credentialing program.

Re-credentialing Requirements

An RSI Paramedic may be re-credentialed if they meet the following criteria:

1. Three (3) documented successful endotracheal intubations (waivers may be granted for extenuating circumstances when written documentation is not possible) over the previous eighteen (18) months. In place of three (3) successful intubations in the setting of EMS, documented intubation success utilizing human cadaveric training and / or high-fidelity simulation may be considered.
2. Current good standing, at the ALS level, within the Suffolk County EMS System.
3. Have a current New York State Paramedic certification.
4. No unrecognized esophageal intubations.
5. Successful completion of an RSI Subcommittee hosted re-credentialing course, including completion of a written exam and a high-fidelity simulation evaluation, as satisfied by RSI Subcommittee faculty, and submission of appropriate skills sheet. The re-credentialing course, including the high-fidelity simulation testing, must be supervised by a physician member of the RSI Subcommittee, a physician approved by the RSI Subcommittee, or the Suffolk County EMS Regional Medical Director.

All RSI original and re-credentialing training records must be forwarded to SC EMCOT or designee.

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RSI Paramedics must meet all credentialing requirements, at all times. It is the responsibility of the RSI Paramedic, as well as any RSI Agency for whom which they operate, to report non-compliance with these criteria to the RSI Subcommittee. Failure to meet any of these criteria, at any time, may immediately revoke the RSI Paramedic's credentials to provide RSI in the Suffolk County EMS System.

Report of non-compliance must immediately (within one (1) business day) be reported in writing to the RSI Agency's chief of department, the RSI Agency's medical director, and the RSI Subcommittee. In the case that an RSI Paramedic does not meet the continued credentialing requirements (as stipulated) and the RSI Agency (or its agency medical director) feel that a variance should be given to maintain the RSI Paramedic status, the RSI Subcommittee chairperson and / or the Suffolk County EMS Regional Medical Director should be contacted immediately. Suspension of RSI privileges can be appealed to the RSI Agency Medical Director, the Suffolk County EMS System Regional Medical Director, the RSI Subcommittee, the Regional Emergency Medical Advisory Committee, or the State Emergency Medical Advisory Committee (in escalating complexity). RSI Paramedic reinstatement in the program will be considered on a case-by-case basis.

The criteria for maintaining credentials may be altered based on a continuous quality assurance (QA) activities and regular review of the RSI Program. Alteration of this criteria may only occur by decision of the RSI Subcommittee, as an agent of the Suffolk County REMAC. Any changes to the program will result in e-mail notification of credentialed RSI Paramedics by the Suffolk County EMS Program Agency.

Operations

Requesting RSI Paramedic Assistance

Any EMS provider can request assistance from an RSI Paramedic via their agency dispatch or via their local public safety answering point (PSAP). All dispatch centers should establish a protocol to identify and send the nearest RSI Paramedic in a safe and efficient manner.

Actions on Arrival

All RSI Paramedics should thoroughly evaluate the patient upon arrival, as well as the location of the patient and complexities of the scene / environment. The RSI of trauma patients should occur while in transport, except in situations involving extended extrication, entrapment, delayed removal from the scene, or when documented logistical complexities exist. The RSI of medical patients may occur at the most adventitious location, based on the patient's status and need for airway management. Ultimately, transport to the most appropriate Emergency Department should not be significantly delayed to perform pre-hospital RSI.

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All uses of pre-hospital RSI require proper preparation and adequate pre-oxygenation. The RSI Paramedic should consider the anticipated difficulty of the pre-hospital airway and take the appropriate actions to maintain the patient's overall status and prevent clinical deterioration. *In unusual cases and / or situations, Suffolk County Medical Control exists as a resource, helping to determine the best options for the patient.*

After Call Actions

After call actions include a combination of detailed documentation, verbal hand-off with the receiving Emergency Department physician, follow-up with Suffolk County Medical Control, and multifaceted agency debriefing. The intent of this process is to ensure that quality patient care is delivered, any RSI Paramedic issues are immediately noted, and detailed clinical information is properly reviewed and transferred. As detailed below, some debriefing will occur immediately after care is provided, while other debriefing will occur a significant time later.

Documentation

After performing RSI (regardless of the advanced airway methods used) and transferring care to the appropriate Emergency Department, the RSI Paramedic is responsible for the following:

1. **ePCR:** A thorough electronic pre-hospital care report must be completed immediately. The electronic PCR must include the reasoning behind performing RSI, airway devices used, pre-advanced airway and post-advanced airway SpO₂ and EtCO₂ measurements, as well as the airway confirmation methods employed. All medications administered should be documented in detail, including the names of medications, doses, and route(s) of administration.
2. **Rapid Sequence Induction / Medication Facilitated Intubation Audit Form (Appendix D):** A thoroughly completed audit form (or pre-approved electronic data transfer summary) must be attached to the electronic PCR.
3. **Monitor Code Summary:** A detailed export from the RSI Agency's monitor should be attached to the electronic PCR. This data export should include, at minimum, post-intubation EKG, SpO₂, and EtCO₂ quantitative and qualitative (waveform) measurements, from immediately after advanced airway placement and at the time of Emergency Department transfer of care.
4. **Post Call Contact to Suffolk County Medical Control:** All appropriate clinical and operational information must be shared with Suffolk County Medical Control, as is Suffolk County EMS System Advanced Life Support policy, immediately after the call has completed.

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5. **Debriefing:** Within 72 hours of the transfer of care, it is required that the RSI Agency medical director be notified of the use of RSI. At this time, a paramedic (ideally from the same agency) should complete a blinded peer review of the RSI case (with all PHI and crew information removed), including a written debriefing of the clinical and operational situation. This written debriefing, as well as a verbal debriefing from the agency medical director, must be completed with the RSI Paramedic as soon as feasible. Any operational considerations or recommended program improvements should be forwarded to the RSI Subcommittee.

Within seven (7) business days of the completion of an RSI, all of the above documentation must be forwarded to the SCEMSCOT or designee, for dissemination to the RSI Subcommittee. If an RSI Agency fails to provide the above documentation within the seven (7) business day timeframe, a suspension of the RSI Agency's and / or RSI Paramedic's ability to participate in the RSI Program may result.

Quality Assurance

All Rapid Sequence Intubations (RSIs) performed in the Suffolk County EMS System, regardless of the agency performing the RSI, shall be reviewed by the RSI Subcommittee. No agency shall be exempt from sharing its RSI data with the RSI Subcommittee, as long as the clinical encounter occurred as a part of the Suffolk County emergency response (911) system.

The RSI Subcommittee, the Suffolk County REMAC QA Committee, and the Suffolk County EMS System Regional Medical Director shall be notified of any patient care concerns or trends (observed system wide) that may require a change to established clinical care. Any additional training or modification to the RSI Protocol may result, based on most current evidence-based clinical practice.

The RSI Agency medical director has the responsibility and authority to advise the RSI Subcommittee and the Suffolk County EMS System Regional Medical Director of any RSI Paramedic that should be restricted from providing the RSI procedure. Furthermore, any concerns by the receiving emergency department physician shall be communicated to Suffolk County Medical Control during their routine follow up endotracheal tube verification call. Suffolk County Medical Control shall immediately, or the next business day (after hours), notify the Suffolk County Department of Health, Division of EMS Program Agency, who must notify the RSI Subcommittee.

The RSI Subcommittee, the Suffolk County EMS System Regional Medical Director, and / or the RSI Agency medical director has the authority to immediately suspend an individual Paramedic's RSI privileges, pending an investigation and hearing (as outlined in the Suffolk County EMS System QA/QI Plan). Doing so requires immediate notification of the RSI Subcommittee, the SCEMSMD, SCEMSCOT, Agency Medical Director, and Agency Chief, as well as written documentation submitted to those individuals, within seven (7) business days. The above individuals must also be notified of all reinstatements.

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Appendix A
Agency Application and Attestation

**SUFFOLK COUNTY REGIONAL EMERGENCY MEDICAL SERVICES
 RAPID SEQUENCE INTUBATION PROGRAM**

AGENCY APPLICATION
 Please Clearly Print All Information

Chief of Department: _____
Department Mailing Address: _____
Office Phone: _____
Cell Phone: _____
Email: _____
Highest Ranking EMS Officer Name: _____
Office Phone: _____
Cell Phone: _____
Email: _____

NYS Department of Health Authorization
NYS DOH EMS Agency Certification Expiration: _____
Controlled Substance License Expiration Date: _____

Agency Attestation
1. The _____ Department agrees to abide by the RSI <small>(insert agency name)</small> Protocol, Policies and Procedures approved by the Suffolk County Regional Emergency Medical Services Advisory Committee, including agree to provide the paramedic the proper medications and equipment detailed in the Protocol and following all quality assurance requirements detailed in RSI Policy.
2. The _____ Department agrees to make the RSI paramedic <small>(insert agency name)</small> Available to all EMS agencies (i.e. outside their home district) at all times when in service, in the Suffolk Region when RSI skills may be required and requested.

Video Laryngoscope
Type of Equipment: _____

Electronic PCR Software
Type of Software: _____

Agency Medical Director
Agency Medical Director: _____
Mailing Address: _____
Office Phone: _____
Cell Phone: _____
Email: _____
Signature: _____

Already Approved RSI Paramedics
Name: _____ EMT #: _____

Potential RSI Paramedics
Name: _____ EMT #: _____

Mail or Fax (631-852-5028) copy of completed form, PCR and Capnogram, if available, to:
 S.C. Department of Health Services
 Div. of Emergency Medical Services
 360 Yaphank Ave., Suite 1B
 Yaphank, NY 11980 Attn: W.M. Masterton

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**Appendix B
Provider Application**

REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE (REMAC) /
SUFFOLK COUNTY EMERGENCY MEDICAL SERVICES DIVISION
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RSI PROVIDER APPLICATION

Please Print All Information Clear and Neat

Name: _____
Mailing Address: _____
Phone: _____
Page: _____
Email: _____

Paramedic Education

Training Location: _____
Dates Attended: _____
Address: _____
Contact Person: _____
Phone: _____

Additional Certifications

Class	Date First Certified	Current Care Expiration	Most Recent Class Location

Please attach copies of your current NY State Paramedic Certification and all other certifications you have listed above.

Advanced Airway Class

Program Name	Location	Date

Continuing Medical Education attended in the last two (2) years:

Date	Topic	Location

Documentation of ten (10) most recent Endotracheal Intubations:

Date	Name	PCR #	Agency	Verified (office use only)

Current Employment

Location: _____
Position: _____
Dates: _____
Reference: _____
Phone: _____

EMV Agency Affiliation

Agency	Position	Dates of Affiliation

Please list all agencies affiliated with since practicing as an ALS provider. Attach additional pages as needed.

Application Agreement

By signing this application, I agree to the following:

- The information contained in the application is truthful and accurate.
- I waive the right to review any sealed letters of recommendation.
- I agree to cooperate with a background check and waive the right to review confidential information obtained during the background check performed by the QA Committee in processing this application.
- I understand that any incomplete or late applications will not be accepted by the Committee.

Name: _____

Signature: _____

Date: _____

Additional Application Requirements

- A letter of recommendation from an Agency ALS Chief. In addition to being a letter of recommendation for you entering the program, this letter should include a description of your current job duties. The letter should be sealed and included with this application.
- A letter of support from your Agency Medical Director. The letter should be sealed and included with this application.
- A copy of your current NY's Paramedic Certification and any other EMS related certification documents should be included with this application.

REMAC/SC EMS Division Use Only

	Date	Signature	Application	✓
Application Received			Application	
RSI MD Review			Agency MD LoR	
REMAC QA Review			ALS Chief LoR	
Certification				
Class Completion				
RSI Tech Approval				

Mail the completed form and requirements to:

Attn: William M. Masterton
Suffolk County Department of Health Services
Division of Emergency Medical Services
360 Yaphank Avenue, Suite 1B
Yaphank, NY 11980

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Appendix C

Rapid Sequence Intubation Skills Sheet

Suffolk County RSI Practical Examination Checklist

Candidate: _____ Date: _____

Examiner: _____ Medical Director: _____

Examiner: _____

Conditions: The candidate should perform this skill on a simulated patient under conditions of indoor lighting, temperature and weather conditions.

Indications: Adult Protocol requiring advanced airway management when difficult airway conditions necessary for patient's immediate respiratory compromise and/or "talk to" and where no other means of securing an airway can be obtained without the use of rapid sequence intubation.

	Yes	No
Don appropriate standard precautions (SA)		
Evaluate anatomy for intubation approach		
L - Look externally for facial injury, deformity, recording normal findings, ability		
E - Evaluate 3-3-2 rule		
M - Mallampati Score		
D - Disinfection		
Preoxygenate Patient		
Request that all drugs and IVs be discontinued, including		
Administer 100% oxygen via non-rebreather mask (NRM) or		
Continue to oxygenate and assist ventilation with bag mask (one person oxygenation)		
Monitor pulse oximetry and ECG		
Stabilize at least one V for medication administration		
Prepare Medication		
Prepare medication on secondary heavy equipment		
Expire when medication you are giving is ready		
Ensure 3-3 rights of medication administration		
Administer Medication		
Use medications and dosages as protocols		
Communicate with partner		
Paralyze Patient		
DND - No administration paralyze without verbal confirmation		
Secure Airway		
Intubate patient using oral or nasal method		
If oral intubation is unsuccessful, attempt nasotracheal intubation		
Confirm tube placement (confirm a secondary SpO2 & ETCO2)		
Secure tube with secondary device and place patient as far to maintain a position		
Monitor Patient		
Assess vital signs at least every 2 minutes		
Close up monitor mental status		
Additional doses of sedatives or paralytics may be required		

Critical Criteria:

- Use standard precautions
- Check for patient allergies and contraindications to medication
- Ensure 3-3 rights of medication administration have been followed
- Evaluate anatomy for intubation approach
- Administer sedative/paralytic to administration of paralytic
- Ensure alternative airways are available if intubation is not successful
- Confirm tube placement and reconfirm frequently

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

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Appendix D

Rapid Sequence Induction (RSI)/Medication Facilitated Intubation (MFI) Audit Form

Rapid Sequence Induction (RSI)/Medication Facilitated Intubation (MFI)

RSU/MFI Paramedic Name: _____
 2nd RSI/MFI Paramedic Name: _____
 Date: ____/____/____ Time: ____:____:____

Indication For RSI	
<input type="checkbox"/> Head Trauma or ICH with: <input type="checkbox"/> LOC - GCS _____ <input type="checkbox"/> Hypoxia - SpO2 <90% <input type="checkbox"/> Combativeness <input type="checkbox"/> Failure to maintain airway • Secretions • Sonorous breathing • Emesis	<input type="checkbox"/> Respiratory Failure <input type="checkbox"/> Hypoxia - SpO2, 90% with assist <input type="checkbox"/> Nasal etCO2 - >60 mmHg <input type="checkbox"/> Loss of Airway Reflexes <input type="checkbox"/> Depressed level of consciousness <input type="checkbox"/> Active seizure <input type="checkbox"/> Anticipated Deterioration <input type="checkbox"/> Severe multi-trauma <input type="checkbox"/> Major OD <input type="checkbox"/> Other

After indication for RSI/MFI:
 Pre-intubation pulse oximetry reading: _____
 Pre-intubation nasal end-tidal CO2 reading, if available: _____
 Post intubation pulse oximetry reading: _____
 Post intubation end-tidal CO2 reading: _____

Predictors of Difficult Bag-Mask Ventilation or Intubation

<input type="checkbox"/> M - Poor Mask seal predicted <input type="checkbox"/> O - Obese habitus <input type="checkbox"/> A - Advanced age <input type="checkbox"/> N - No teeth <input type="checkbox"/> S - Stiff lungs (COPD, hemo/pneumothorax, burns, etc.)	<input type="checkbox"/> L - Look externally (short-bull neck, micrognathia, etc.) <input type="checkbox"/> E - Evaluate distances: "3, 3, 2" < 3 fingerbreadths for thyromental distance and between teeth; < 2 fingerbreadths for thyrothyoid distance <input type="checkbox"/> M - Mallampati class 3 or 4 airway <input type="checkbox"/> O - Obstruction of airway <input type="checkbox"/> N - Neck mobility limited (e.g. suspected cervical injury)
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RSI Medications	Patient Characteristics
Etomidate (0.3 mg/kg) _____ mg	Age: _____ years
Ketamine (1-2 mg/kg) _____ mg	Weight: _____ kilograms
Succinylcholine (1.5 mg/kg) _____ mg	Height: _____ feet
Rocuronium (1 mg/kg) _____ mg	
Paralysis and Sedation Post Advanced Airway	
Versed (0.05-0.1 mg) maximum single dose of 5 mg _____ mg	
Ketamine (1-1.5 mg/kg) _____ mg	
Fentanyl (1 mcg/kg) maximum single dose of 100 mcg _____ mcg	
Repeat Paralytics Order by MC _____	

If standing order, name of second ALS Provider: _____

Confirmation of Proper Placement of an Advanced Airway

Initial device used:	Number of ETT attempts:	Additional techniques used:	ETT Diameter: _____
<input type="checkbox"/> Traditional Laryngoscope <input type="checkbox"/> King Vision <input type="checkbox"/> Glidescope <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Sniffing Position <input type="checkbox"/> Head Elevated <input type="checkbox"/> Burp <input type="checkbox"/> External Laryngeal Manipulation	ETT Depth: _____ Secured with: _____ Glottic Visualization <input type="checkbox"/> Cormack-Lehane Grade (I-IV): _____ <input type="checkbox"/> Mallampati Score (I-IV): _____
Secondary device used: <input type="checkbox"/> Bougie <input type="checkbox"/> King Vision <input type="checkbox"/> Other: _____	Paramedic (Check all that apply.) <input type="checkbox"/> Waveform capnography _____ mmHg <input type="checkbox"/> Direct visualization of tube passing the vocal cords <input type="checkbox"/> Equal breath sounds <input type="checkbox"/> Absent epigastric sounds <input type="checkbox"/> O2 Saturation <u>sustained</u> >95% <input type="checkbox"/> Secured after confirmation	ED Physician (Check all that apply.) <input type="checkbox"/> Waveform Capnography _____ mmHg <input type="checkbox"/> Direct visualization of tube between vocal cords <input type="checkbox"/> Equal breath sounds <input type="checkbox"/> Absent epigastric sounds <input type="checkbox"/> O2 Saturation <u>sustained</u> >95% <input type="checkbox"/> Re-intubation necessary	Name: _____ Signature: _____

Please affix strip(s) showing initial & at the hospital pulse, SpO2 and ETCO2 waveform below:

Mail or Fax (631-853-5028) copy of completed form, PCR and Capnogram, to:
 S.C. Department of Health Services
 Div. of Emergency Medical Services
 360 Yaphank Ave., Suite 1B
 Yaphank, NY 11980 Attn: W. M. Masterton