

## ADULT RAPID SEQUENCE INTUBATION

*This protocol is intended for use by agencies authorized by their Service Medical Director and approved by the REMAC. Providers must have received specialized training in Rapid Sequence Intubation prior to implementing this protocol. INDICATIONS: RSI may be utilized by a single paramedic on standing orders in any adult protocol requiring advanced airway management when definitive airway control is necessary for patients in imminent respiratory compromise and / or failure; and where no other means of securing an airway can be obtained without the use of sedative agents.*

- If patient is exhibiting signs of respiratory compromise and / or the airway is not secure, pre-oxygenate the patient via BVM or NRB and Nasal Cannula. Begin apneic oxygenation with NC at 15 lpm or maximally tolerated rate, and continue until endotracheal tube or extraglottic airway is confirmed.
- IV of NS KVO
- Administer Etomidate 0.3 mg / kg over 30-60 sec IV / IO push OR Ketamine up to 1-2 mg / kg IVP / IO.
- Administer Succinylcholine 1.5mg / kg IV / IO push. (If Succinylcholine is contraindicated, administer Rocuronium 1 mg / kg IV / IO push.)
- When paralysis is achieved, intubate the patient then confirm ET tube placement with lung sounds and waveform EtCO<sub>2</sub>. \*(Maximum of 2 ETI attempts, interchanged with BVM ventilations.)\*
- If attempts at intubation fail, insert Supraglottic airway via protocol.
- If unable to adequately oxygenate the patient by use of the above means, perform needle cricothyrotomy as per protocol to oxygenate.
- Confirm ET tube **or** Supraglottic airway placement and attach a continuous EtCO<sub>2</sub> monitor (ventilate to maintain EtCO<sub>2</sub> between 35-45 mmHg), and secure the ET tube via protocol.
- Following confirmation of airway placement, the following may be administered for analgesia and sedation:
  - Administer Midazolam 0.05-0.1 mg / kg IV / IO to a maximum single dose of 5 mg, Midazolam can be repeated every 10 minutes, as needed, for additional sedation if SBP remains above 90; **AND / OR**
  - Administer Fentanyl 1 mcg / kg IV / IO to a maximum single dose of 100 mcg, Fentanyl can be repeated every 5 minutes, as needed, for additional analgesia if SBP remains above 90; **AND / OR**
  - Ketamine 1-1.5 mg / kg IV / IO, Ketamine can be repeated every 15 minutes, as needed, for additional analgesia and sedation if SBP remains above 90.
- Continuously monitor ET tube placement by effectiveness of oxygenation (SpO<sub>2</sub>) and ventilation (EtCO<sub>2</sub> waveform).
- ATV if approved by the agency in accordance with Appendix 48.

- Repeat any of the above.
- Repeat Paralytics

EMT-P

MEDICAL CONTROL