

Rapid Sequence Induction (RSI) Verification Form

RSI Paramedic Name: _____

2nd RSI Paramedic Name: _____

Date: ____/____/____

Time: ____:____

Indication For RSI

Head Trauma or ICH with:

- ↓ LOC – GCS _____
- Hypoxia – SpO₂ <90%
- Combativeness
- Failure to maintain airway
 - Secretions
 - Sonorous breathing
 - Emesis

Respiratory Failure

- Hypoxia – SpO₂, 90% **with** assist
- Nasal etCO₂ – >60 mmHg

Loss of Airway Reflexes

- Depressed level of consciousness
- Active seizure

Anticipated Deterioration

- Severe multi-trauma
- Major OD
- Other _____

After indication for RSI:

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

- | YES | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | M – Poor Mask seal predicted |
| <input type="checkbox"/> | <input type="checkbox"/> | O – Obese habitus |
| <input type="checkbox"/> | <input type="checkbox"/> | A – Advanced age |
| <input type="checkbox"/> | <input type="checkbox"/> | N – No teeth |
| <input type="checkbox"/> | <input type="checkbox"/> | S – Stiff lungs (COPD, hemo/pneumothorax, burns, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | L – Look externally (short-bull neck, micrognathia, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | E – Evaluate distances. “3, 3, 2” < 3 fingerbreadths for thyromental distance and between teeth; < 2 fingerbreadths for thyrohyoid distance |
| <input type="checkbox"/> | <input type="checkbox"/> | M – Mallampati class 3 or 4 airway |
| <input type="checkbox"/> | <input type="checkbox"/> | O – Obstruction of airway |
| <input type="checkbox"/> | <input type="checkbox"/> | N – Neck mobility limited (e.g. suspected cervical injury) |

RSI Medications

Etomidate (0.3 mg/kg) _____ mg

Ketamine (1-2 mg/kg) _____ mg

Succinylcholine (1.5 mg/kg) _____ mg

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 _____

Patient Characteristics

Age: _____ years

Weight: _____ kilograms

Height: _____ feet

If standing order, name of second ALS Provider:

Confirmation of Proper Placement of an Advanced Airway

<p>Initial device used:</p> <input type="checkbox"/> Traditional Laryngoscope <input type="checkbox"/> King Vision <input type="checkbox"/> Glidescope <input type="checkbox"/> Other: <hr/>	<p>Number of ETT attempts:</p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other: <hr/>	<p>Additional techniques used:</p> <input type="checkbox"/> Sniffing Position <input type="checkbox"/> Head Elevated <input type="checkbox"/> Burp <input type="checkbox"/> External Laryngeal Manipulation	<p>ETT Diameter: _____</p> <p>ETT Depth: _____</p> <p>Secured with: _____</p> <hr/> <p>Glottic Visualization</p> <input type="checkbox"/> Cormack-Lehane Grade (I-IV): <hr/> <input type="checkbox"/> Mallampati Score (I-IV): <hr/>
<p>Secondary device used:</p> <input type="checkbox"/> Bougie <input type="checkbox"/> King Vision <input type="checkbox"/> Other: <hr/>	<p>Paramedic (Check all that apply.)</p> <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		<p>ED Physician (Check all that apply.)</p> <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
<p>If rescue airway was used:</p> <input type="checkbox"/> King Airway <input type="checkbox"/> Size: <hr/>	<p>Name: _____</p> <p>Signature: _____</p>		<p>Name: _____</p> <p>Signature: _____</p>
<p>Please affix strip(s) showing initial & at the hospital pulse, SpO2 and ETCO2 waveform below:</p> 			

Mail or Fax (631-852-5028) 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: Paul Marra**