Rapid Sequence Intubation

Paramedics MUST have written approval from their respective Medical Director before using this protocol.

RSI Indications:

- Patient unable to oxygenate or ventilate
- Patient unable to protect airway
- Impending airway compromise

- Obtain IV access (preferably two sites)
- Prepare for continuous VS monitoring (SpO2, EtCO2, BP, HR, EKG) and

ensure visibility of all monitoring devices

Preoxygenate with 100% Oxygen 15 LTPM VIA NC (see Medical Preambles)

RSI Contraindications

- Unable to BVM the patient
- Difficult Airway

¹Signs of Difficult Airway Dentition
Disproportion Distortion Dysmobility
(see Medical Preambles)

- Treat hypotension with Crystalloid Fluid bolus and/or
- Ondansetron 4mg IV/IO if time permits
- Assess airway¹ with 4 D s don t forget dentures!
- Position patient so their ear aligns with their sternal notch
- Assemble airway equipment, including backup tools (e.g. SGA, Bougie, cricothyrotomy kit)
- Verbalize failed airway plan to team

Succinylcholine Contraindications

- CVA or spinal cord injury within the last 6 months
- Chronic renal failure on dialysis
- Suspicion of hyperkalemia
- Known or suspected muscular disease (e.g ALS, muscular dystrophy, myasthenia gravis, Guillain-Barre syndrome)
- History of malignant hyperthermia

Rocuronium Contraindications

Known hypersensitivity to the drug

ONLY if performing Rapid Sequence Intubation Administer sedative agent: Etomidate 0.3mg/kg IV/IO

Administer paralytic agent: Succinylcholine 2mg/kg IV/IO

Or

Rocuronium 1.2mg/kg IV/IO

or

Vecuronium 0.15-0.25 mg/kg IV/IO

Trachea Successfully Intubated

Yes

- Secure ETT with commercial ETT restraint device and document depth of ETT at level of patient's incisors
- Reconfirm ETT placement by using continuous ETCO2 capnography Measure and apply cervical collar to patient
- Proceed to protocol Airway Management 3 of 3: Post-Intubation Airway Management

Hypotensive Doses:

Etomidate 0.15mg/kg **Succinylcholine** 2mg/kg

Optimize SpO2 via BVM

No

