



# CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD

## Clinical Review and Training

### Rapid Sequence Intubation (RSI) Guideline

#### Requirements for RSI Release

1. Current NREMT-P certification, preferably CCEMT-P, with training by OMD
2. Written approval by CARS OMD
3. There will be 100% QA review of patient encounters.

#### Maintenance of RSI Certification

1. RSI recertification annually, documented appropriately with OMD or designee
  - a. Includes practical demonstration and scenarios
  - b. May include pharmacology quiz or written test
  - c. May include required reading on which (b) is based
2. Continued approval of the CARS medical director

#### Indications for RSI (RSI may be done under standing orders)

1. Age 18 or over. **Medical command** is required for patients under 18 years of age
2. Need for intubation:
  - a. Burns with suspected significant inhalation injury
  - b. GCS <8 related to traumatic injury
  - c. Acute or impending airway loss
  - d. Acute or impending respiratory failure
3. No known contraindications to RSI drugs
4. Second provider on scene who is released to perform intubation
5. RSI medications will only be pushed by the RSI released provider

#### Procedure

##### 1. Preparation

- a. Monitoring: Continuous (pre and post-intubation) ECG, SpO<sub>2</sub>, and blood pressure
- b. Functional laryngoscope and BVM with high flow oxygen
- c. Endotracheal tube(s), stylet, 10 mL syringe, and bougie
- d. Alternative airway interventions: (i.e., King, Combitube, or surgical cricothyrotomy equipment immediately available)
- e. All medications drawn up and labeled
- f. Patent IV/IO
- g. Assess for difficult intubation: LEMON
- h. Suction on and ready
- i. Tube confirmation equipment available (EtCO<sub>2</sub> + EID)

##### 2. Preoxygenation

- a. Should occur by either (in order of clinical preference, clinical presentation permitting):
  - 100% oxygen for 5 minutes
  - 8 vital capacity breaths (deep) on 100% oxygen
  - BVM with 100% oxygen (should minimize to prevent gastric distention)

##### 3. Pretreatment

- a. Begin Sellick's maneuver (cricoid pressure)



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#### 4. Paralysis and Induction

- a. **Etomidate 0.3 mg/kg**
- b. **Succinylcholine 1.5 mg/kg**
- c. **Contraindicated with the following:**
  - burns > 24 hours old
  - crush injury > 72 hours old
  - denervation process (ex: para/quadruplegia)
  - risk of hyperkalemia (ex: ESRD)

#### 5. Protection

- a. Continue Sellick's maneuver through proof of proper airway placement.

#### 6. Placement

- a. Place ETT and confirm with 3 or 4 methods:
  - breath sounds auscultated over the lungs, no epigastric sounds
  - End-tidal color change and proper EtCO<sub>2</sub> waveform
  - Oxygen saturations maintained >95% at 1 min and 5 min
  - Secure the ETT/airway device and note position

#### 7. Post-intubation Management

- a. **Midazolam 0.1 mg/kg PRN and/or Fentanyl 1 mcg/kg** for sedation in medical patients with SBP >100 mm Hg
- b. **Rocuronium 0.5-1 mg/kg PRN** in addition to above medications for control of excessive patient movement or difficulty ventilating not corrected by sedation.
- c. Reassess ETT depth, breath sounds, and waveform ETCO<sub>2</sub> after patient transfer.
- d. Document waveform and EtCO<sub>2</sub> value after transfer of care to the receiving facility and personnel. Leave a copy of the printed waveform with documentation and keep one for the original documentation.