

To facilitate oral endotracheal intubation of a patient when attempts without muscle relaxation are not successful and the airway cannot be adequately protected.

Indications (Possible Candidates for RSI):

- GCS <8 (decreased LOC)
- Potential for airway compromise
- Head-injured patients with airway compromise
- Status epilepticus not responding to anticonvulsants
- Patients unable to protect airway (trauma, CVA, obstruction, overdose, anaphylaxis, etc.)
- Severe Respiratory Distress (COPD, asthma, burns, etc.)
- Insufficient respirations (pulse ox. <85%, shallow respirations, cyanosis, air hunger, etc.)
- Patients with a defined salvage airway plan (BVMask, Combitube®, surgical airway)

Contraindications:

- Known allergy to necessary medications
- Suspected epiglottitis, edema, or retropharyngeal edema
- Severe oral, mandibular, or anterior neck trauma
- Conscious patient (with stable hemodynamics) who is maintaining an impaired airway
- Age less than 2 years old
- Cricothyrotomy contraindicated (potential contraindication)

PREPARATION: (requires 2 rescuers):

1. Assumes oral intubation and failed airway equipment preparation
2. Pre-oxygenate with 100% O₂ (initially NRB mask, then BVM), avoid hyperventilation

PRETREATMENT: (2 minutes to intubation):

1. **All suspected head injured patients - LIDOCAINE** 1.0 mg/kg IVP. Reduces cardiovascular and intracranial pressure responses to intubation
2. **All patients age <12 - ATROPINE** 0.02 mg/kg IVP (minimum dose 0.1 mg). Blunts bradycardia from vagal stimulation during laryngoscopy and from the administration of succinylcholine. Pre-procedure dose especially important in pediatrics.

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PARALYSIS and INDUCTION: (Crash intubation starts here):

1. VERSED (midazolam): Short-acting benzodiazepine for sedation and analgesia.
 - Adult - 2.0 mg IVP, may repeat x 1. Sellick's maneuver (cricoid pressure) to facilitate intubation, may need to be utilized with manual in-line cervical immobilization for trauma patients.
 - Pediatric - 0.1 mg/kg IVP (minimum dose 0.1mg) up to a single dose of 2 mg over 2 minutes (~ 1 mg for 10 kg pt)
3. SUCCINYLCHOLINE (anectine): Depolarizing neuromuscular blocking agent which provides for paralysis during use. Within 30-90 seconds all protective reflexes are gone (gag, cough, and swallow.) Sellick's maneuver (cricoid pressure) to facilitate intubation, may need to be utilized with manual in-line cervical immobilization for trauma patients.
 - Adult – 1.0 mg/kg IVP
 - Pediatric: 1.5 mg/kg IVP

PLACEMENT:

1. Intubate orally at adequate paralysis/relaxation (usually 1.5- 2.0 min.)
2. Ventilate manually and insure appropriate tube placement by bilateral anterior and axillary breath sounds and absence of gastric sounds with ventilation. Utilize a secondary means of confirmation, such as the EDD or EtCO₂. Secure the tube.
3. If unable to intubate after neuromuscular blockade (NMB), continue BVM ventilations with 100% O₂ and Sellick's maneuver and proceed to placement of salvage airway device (i.e. Combitube® or surgical airway). Failure of endotracheal intubation and placement of salvage device in a patient with respiratory failure is indication for a surgical airway.

NOTE: At the team's discretion, if adequate relaxation/sedation for intubation occurs after using only VERSED, and then intubation without NMB can be attempted. However, failure to control the airway in this manner requires NMB and/or further advanced airway procedures until the airway is secured. Use ATROPINE for vagolysis in all cases of pediatric (age <12) oral intubation.

POST-PLACEMENT: continued sedation/paralysis

1. Continue paralysis with ROCURONIUM
 - Loading dose of 1 mg/kg is needed.
 - Give every 30 minutes, or as directed by medical control.
2. Re-sedate after 30 minutes or as needed with VERSED (doses per medical control)
 - Adult - 2.0 mg IVP
 - Pediatric - 0.1 mg/kg IVP (minimum dose 0.1mg) up to a single dose of 2 mg over 2 minutes (~ 1 mg for 10 kg pt).
4. Re-paralysis after 30 minutes or as needed with ROCURONIUM
 - Loading dose of 1 mg/kg is needed.
5. Monitor the patient's airway status, vital signs, pulse oximetry, end-tidal CO₂ and sedation levels.

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