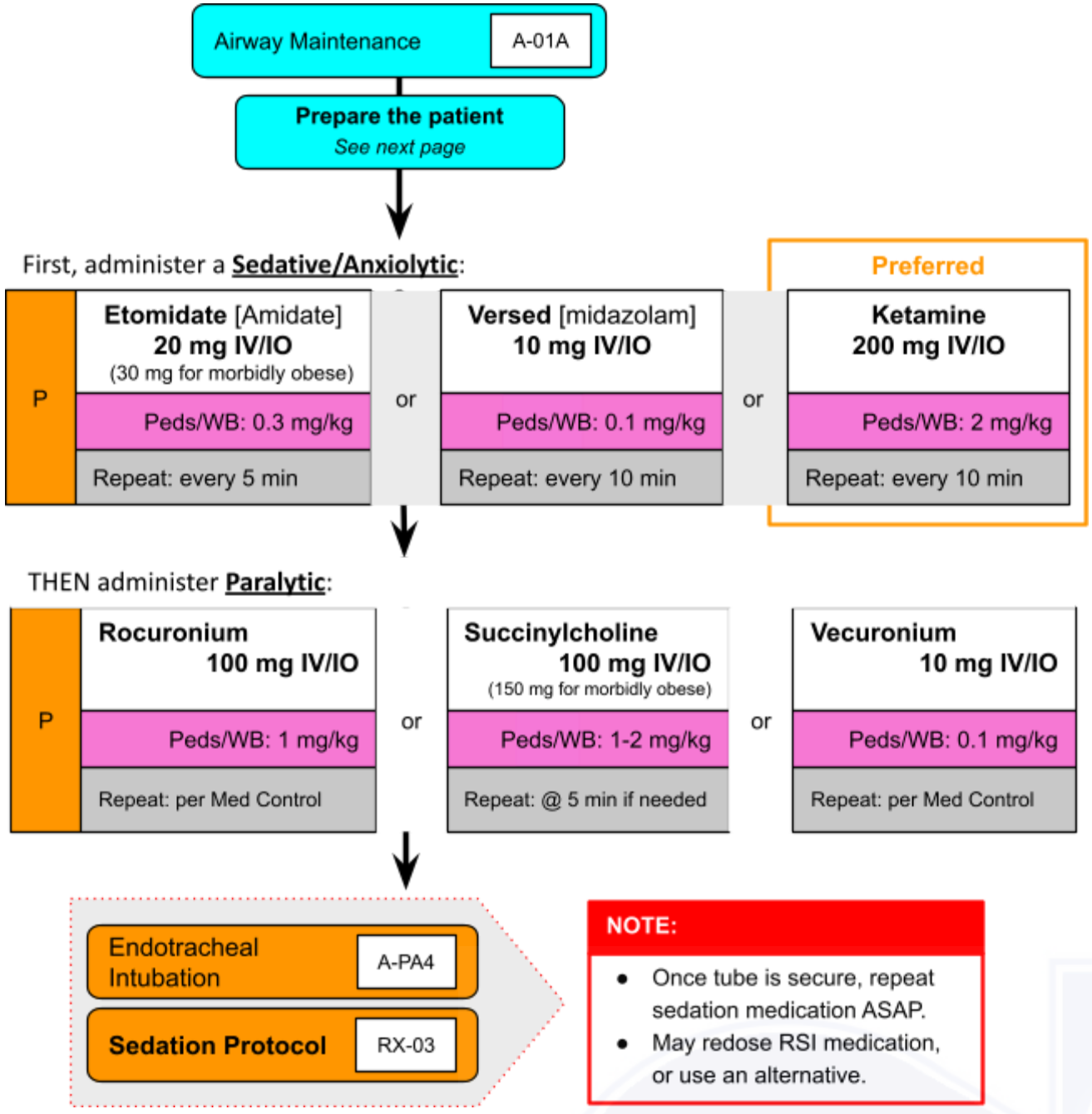
A-04 DRUG-ASSISTED INTUBATION/RSI	RSI/DAI may ONLY be performed with written documentation of training and competency from the medical director.	First Responder EMT AEMT Paramedic



***If available*, the use of a *Video Laryngoscope* is MANDATORY on ALL endotracheal intubation attempts, and a BOUGIE is mandatory on the second and all subsequent attempts.**

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INDICATIONS

- Patients that are unable to adequately control their own airway (or as prophylaxis for airway burns/inhalation injuries).
- Severe difficulty breathing with inability to adequately oxygenate and/or ventilate patients

AND

- **All** non-invasive measures to establish adequate airway/breathing per the Airway/O_2 Maintenance protocol [**A-01**] have failed.

CONTRAINDICATIONS

- Known allergy to agents
- Succinylcholine contraindications: Malignant hyperthermia, hyperkalemia (dialysis patient), severe burns/crush injury >12 hours old

Precautions

- Pregnancy
- Dehydration/Sepsis
- Respiratory or Cardiac disease
- Neuromuscular disease
- Facial fractures/instability

PREPARE THE PATIENT

- Provide **c-spine stabilization** as needed, and consider removing the anterior portion of the collar.
- **Position** the patient for optimal visualization
- **Preoxygenate** with high flow O_2 for 2 or more minutes if possible → utilize method appropriate to patient condition. (This establishes an oxygen reserve which will allow for several minutes of apnea.)
- **Assist with a manual resuscitator only if spontaneous ventilation is inadequate/absent**. Avoid positive pressure ventilation if possible to prevent gastric insufflation.
- Establish IV access, and if potentially/currently hypotensive provide fluids and observe for deterioration.
- Attach cardiac monitor and pulse oximetry, and end-tidal CO_2 if available.

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NOTES:

- Rapid Sequence Induction/Intubation (RSI) or Drug-Assisted Intubation (DAI) is a procedure used to optimize the airway to maximize the success of endotracheal intubation.
- While intubation may be attempted with only a sedative medication, using a paralytic is generally recommended, and is safe as long as ventilation can be effectively performed with a BVM.
- Sedation (re-medicating) should be one of the main priorities as soon as possible after intubation.
    - Improves patient comfort/experience.
    - Allows for maximal benefit from assisted ventilation/oxygenation.
    - If the patient begins to awaken (with or without concurrent use of paralytics), the fight-or-flight response can create a situation where it will become very difficult to re-sedate them.

QI Review Parameters:

1. {Pending}