Airway, Drug Assisted Intubation

Pearls
- This protocol is only for use in patients with an Age > 12 or patients longer than the Broselow-Luten Tape.
- Once a patient has been given a paralytic drug, YOU ARE RESPONSIBLE FOR VENTILATIONS!
- Items in Red Text are the key performance indicators used to evaluate protocol compliance. An Airway Evaluation Form must be completed on every patient who receives Drug Assisted Intubation.
- This procedure will take away the patient’s airway away so you must be sure of your ability to intubate before giving drugs.
- Continuous Waveform Capnography and Pulse Oximetry and are required for intubation verification and ongoing patient monitoring
- Before administering any paralytic drug, screen for contraindications with a thorough neurologic exam.
- If first intubation attempt fails, make an adjustment and try again:
  - Different laryngoscope blade
  - Different ETT size
  - Change cricoid pressure
  - Change head positioning
  - Continuous pulse oximetry should be utilized in all patients.
  - Consider applying BURP maneuver (Back [posterior], Up, and to pt’s Right Pressure)
- This procedure requires at least 2 EMT-Paramedics. Divide the workload - ventilate, suction, cricoid pressure, drugs, intubation.
- All equipment must be in place and ready for use prior to administering any RSI drugs.
- Protect the patient from self extubation when the drugs wear off. Longer acting paralytics may be needed post-intubation.

Protocol 3
Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS 2009