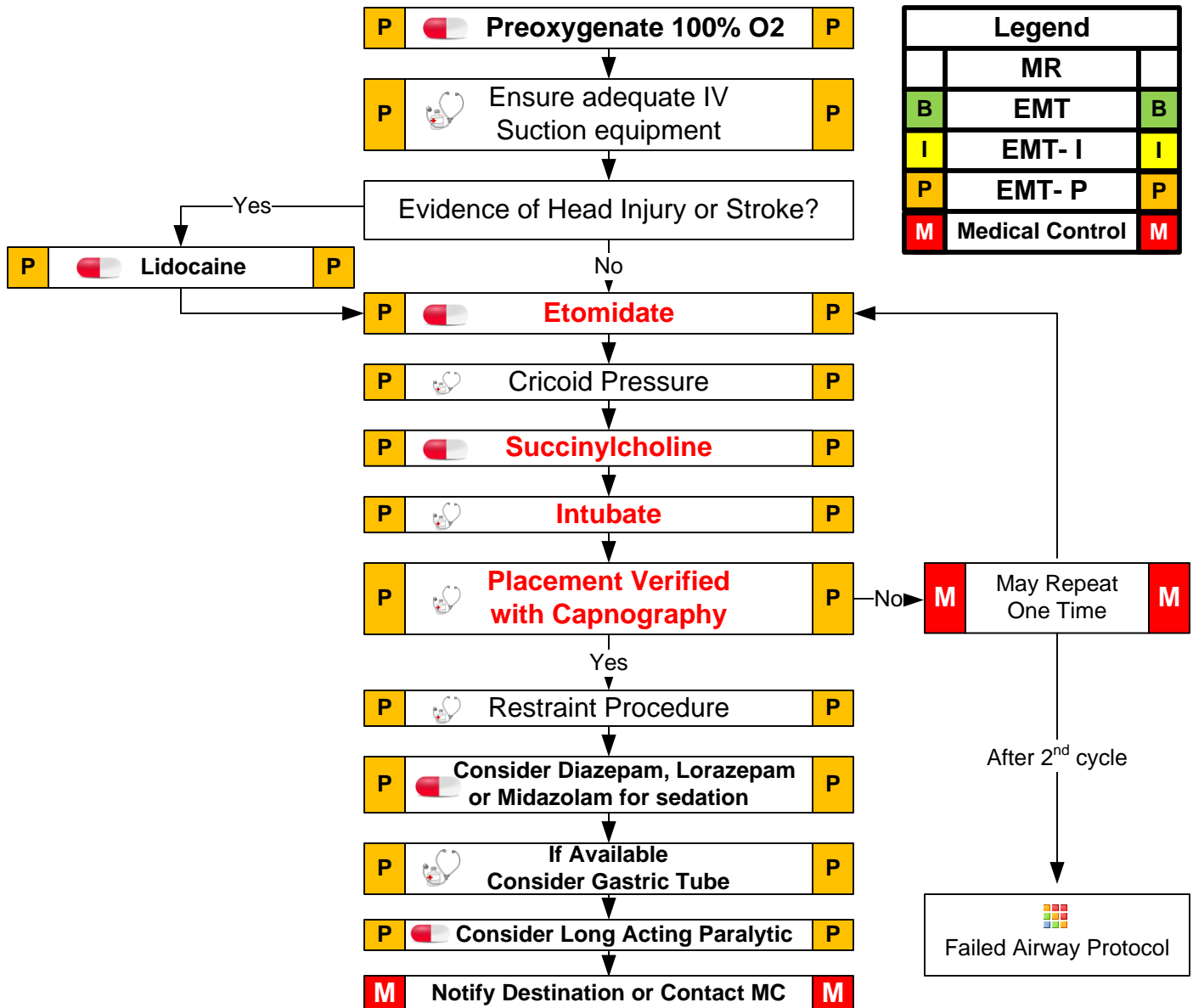




Airway, Drug Assisted Intubation



General Protocols

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
 - Change head positioning
 - Different ETT size
 - Continuous pulse oximetry should be utilized in all patients.
 - Change cricoid pressure
 - 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