



North Carolina College of Emergency Physicians Standards Procedure (Skill) Airway: Intubation Drug Assisted



Clinical Indications:

- Need for advanced airway control in a patient who has a gag reflex or trismus (jaw clenching).

Clinical Contraindications:



- Significant burns between 24 hours old and 2 weeks old.
- Known neuromuscular disease such as myasthenia gravis, amyotrophic lateral sclerosis, muscular dystrophy, Guillain-Barre syndrome.
- Chronic renal failure and on hemodialysis
- Age less than 12 years
- Patient or family history of malignant hyperthermia
- A minimum of 2 EMT-Paramedics on scene able to participate in patient care

Procedure:

1. Pre-oxygenate patient with 100% oxygen via NRB mask or BVM
2. Monitor oxygen saturation with pulse oximetry and heart rhythm with ECG
3. Ensure functioning IV access
4. Evaluate for difficult airway (LEMON)-see appendix
5. Perform focused neurological exam
6. Prepare equipment (intubation kit, BVM, suction, RSI medications, BIAD, Cricothyrotomy kit, waveform capnography)
7. Administer Etomidate
8. Stroke/head trauma suspected? If yes, Lidocaine 1mg/kg
9. In-line c-spine stabilization by second caregiver (in setting of trauma)
10. Apply cricoid pressure (by third caregiver)
11. Administer Succinylcholine and await fasciculation and jaw relaxation
12. Intubate trachea
13. Verify ET placement through auscultation, Capnography, and Pulse Oximetry
14. May repeat Succinylcholine if inadequate relaxation after 2 minutes
15. Release cricoid pressure and secure tube
- 16. Continuous Capnography and Pulse Oximetry is required for Drug Assisted Intubation. The pre-intubation levels, minimal levels during intubation, and post-intubation levels must be recorded in the PCR.**
17. Re-verify tube placement after every move and upon arrival in the ED
18. Document ETT size, time, result (success), and placement location by the centimeter marks either at the patient's teeth or lips on/with the patient care report (PCR). Document all devices/methods used to confirm initial tube placement initially and with patient movement.
19. Consider placing a gastric tube to clear stomach contents after the airway is secured.
- 20. Completion of the Airway Evaluation Form is required including a signature from the receiving physician at the Emergency Department confirming proper tube placement.**

Certification Requirements:

- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System. Assessment should include direct observation at least once per certification cycle.