

# AG26 Rapid Sequence Induction-Page 2 Post Intubation Care

## Objectives:

- To appropriately care for the sedated/paralyzed patient including
  - a) Airway management
  - b) Patient packaging
  - c) Ensure safety and transport of the RSI patient

## General Information:

- Patients may need additional sedative and paralytic medication during transport
- Vecuronium may be needed to maintain paralysis during transport (Physician Order ONLY)
- Signs and symptoms that the patient is not adequately sedated while paralyzed
  - a) Tachycardia
  - b) Tears from eyes
- Documentation (minimum)
  - a) GCS
  - b) Indication for RSI
  - c) Name of physician ordering RSI
  - d) Pre oxygenation
  - e) Cricoid pressure
  - f) Dosages of all medications given
  - g) Type of intubation or airway control
  - h) Number of attempts (successful and unsuccessful)
  - i) Compliance with Airway /Oxygenation/ Ventilation of the intubated patient guidelines
  - j) SpO2 and end-tidal CO2 monitoring
  - k) Reassessment of ET tube placement every 5 minutes and after each patient movement
  - l) Patient packaging techniques



## Warnings/Alerts:

- Use of end-tidal CO2 monitors and SpO2 monitoring is mandatory
- Paralyzed patients must be in full C-spine immobilization with extremities restrained

## OMD Notes:

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## References:

Tidewater EMS Difficult Airway Management & Rapid Sequence Induction Course

## Performance Indicators:

Indication for RSI Difficult Airway Chart

Confirmation of Airway after Each Movement

Use of End-Tidal CO2

Use of Secondary Airway

Treatment and Response to Treatment

Documented EKG Rhythm

Patient Packaging

Confirmation of ETT Placement

Online Medical Control

Number of Intubation Attempts

Post Intubation Sedation

## AG26--Rapid Sequence Induction Protocol Page 2 – Post Intubation Care

