AG25 Rapid Sequence Induction- Page 1 RSI

Objectives:

To facilitate airway management through the use of sedatives and paralytics

General Information:

- Individual or agency use requires OMD approval and successful completion of the TEMS OMD committee approved Difficult Airway Management Course
- RSI is a Physician Order ONLY
- Pain control may be necessary
- Difficult airway characteristics
 - a) Small mouth opening (should be able to insert 2 fingers in mouth)
 - b) Protruding upper teeth
 - c) Large tongue
 - d) Immobility of the head, neck and jaw
 - e) Infections
 - f) Trauma
 - g) Obesity
 - h) Foreign body
 - i) Rheumatoid arthritis
 - j) Tumors
 - k) Congenital problems
 - I) Pregnancy
- Contraindications for Succinylcholine (Physician may order Vecuronium):
 - a) Succinylcholine allergy
 - b) Previous denervating injury or disease (MS, CVA)
 - c) Muscle Disorders (Muscular Dystrophy)
 - d) Abdominal Infections
 - e) Tetanus
 - f) Renal Failure / Renal Dialysis
 - g) Major trauma greater than 5 days old (ie crush, multisystem trauma, burns, spinal cord injury)
 - h) Penetrating eye injury
 - i) Epiglottitis

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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
- It is not advisable to intubate in a moving vehicle due to the risk of damaging laryngeal tissues
- There must be at least one Paramedic and an additional ALS provider (released I or above) with the
 patient to implement this protocol
- Do Not Implement this protocol if patient has a history of malignant hyperthermia

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
 Documented EKG Rhythm
 - Use of Secondary Airway Patient Packaging
- Post Intubation Sedation

Confirmation of ETT Placement

Number of Intubation Attempts

Online Medical Control

Treatment and Response to Treatment

