







**NOTE: This is a restricted procedure. A service and paramedic will require specific authorization from the Board prior to utilizing this procedure and skill. RSI and DAI is restricted to Critical Care Transport and Air Medical Programs**

## ***Rapid Sequence Intubation (RSI) and Drug Assisted Intubation (DAI) continued***

---

- ▶ Secure the successfully placed oral ETT with a commercial device or with circumferential tape and an oral airway. In CVA or head injured patients be careful not to occlude the jugular veins and obstruct blood flow from the head. Place a C-collar and cervical immobilization device for the purpose of ETT stabilization.
- ▶ Ventilatory management should consist of a tidal volume of about 7 cc/kg or just enough to see the chest rise and a ventilatory rate of 12-15 breaths per minute. Avoid hyperventilation except in the case of head injury and signs of herniation syndrome and even then, avoid extremes of hyperventilation.
- ▶ Consider placing an oral or nasogastric tube to decompress the stomach. This is especially important in the pediatric patient and can be accomplished with a straight suction catheter.
- ▶ Frequently assess ETT positioning. Continuous capnography with data storage and download capability is the best tool for ETT monitoring. Reassess ETT position after every patient move and on change of providers.
- ▶ Bradycardia developing during intubation is usually due to hypoxia and is best treated by improving oxygenation by halting the intubation attempt and ventilating with 100% oxygen by BVM with oral and/or nasal airways. Bradycardia in the adult that is not responsive to improved oxygenation can be treated with Atropine 0.5 mg IVP.
- ▶ Maintenance of sedation and paralysis
  - To maintain paralysis administer Vecuronium (Norcuron) 0.1 mg/kg IVP immediately after the ETT is secured and repeat with 0.05-0.1 mg/kg as needed. Continuous ETCO<sub>2</sub> capnography must be used.
  - If the patient was conscious, sedation can be maintained with Midazolam (Versed) 0.05-0.1 mg/kg IVP as needed.
  - If pain control is required in the hemodynamically stable trauma patient, Fentanyl 1-2 mcg/kg IVP may be administered as needed.
- ▶ During transport, monitoring should include EKG, B/P, SpO<sub>2</sub>, ETCO<sub>2</sub>, breath sounds.