

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 Algorithm-Pediatric

Rapid Sequence Intubation: Pediatric

- ABC's
- Pre-Oxygenation 100% Oxygen
- Assist Ventilations, prn
- Monitor SpO₂

UTILIZATION OF THIS PROTOCOL
REQUIRES DOCUMENTATION OF
SPECIFIC TRAINING IN PEDIATRIC
INTUBATION AND PEDIATRIC RSI DRUG
ADMINISTRATION

Preparation: secure IV access, suction, bag-valve-device, endotracheal tube, peds LMA ①

Atropine 0.01 mg/kg IV

Lidocaine 1-1.5 mg/kg IV

Vecuronium (Norcuron) 0.01 mg/kg (2)

Midazolam Versed 0.1 mg/kg IV

Apply Cricoid Pressure

Succinylcholine (Anectine) 2 mg/kg IV (3)

Intubate

Secure ETT: Consider C-collar and CSID

Verify ETT placement. Auscultate breath sounds and listen over epigastrium. Monitor SpO₂ and ETCO₂.

Continued Paralysis/Sedation: Midazolam 0.1 mg/kg IV and Vecuronium 0.1 mg/kg IV: may repeat as needed

Consider Need for Pain Control: Sublimaze (Fentanyl) 1-2 mcg/kg IV; may repeat in 15-20 min as needed (4)

Monitor: SpO₂, ETCO₂, cardiac rhythm, lung sounds, ventilatory status. (5)

Succinylcholine Contraindicated:

Vecuronium (Norcuron) 0.15 mg/Kg IV
or
Rocuronium (Zemuron) 1 mg/Kg IV

Full RSI pre-treatment requires 3 min for onset of drug effects

The unconscious, moribund child needing immediate intubation needs a "CRASH INTUBATION" using only Atropine and Succinylcholine

Document:

- Airway
- Respiratory Status
- Lung Sounds
- Chest Rise/Excursion
- SpO₂, ETCO₂
- Cardiac Rhythm
- Skin Color
- Glasgow Coma Scale
- Conformation of ETT Placement
- ETT size
- ETT length (cm at teeth)

In addition to the EMS-PCR, complete the NAEMSP airway form and submit to medical direction for review

1 ETT: have on hand, one size smaller and one size larger as you prepare to intubate. A cuffed ETT may be used but do not inflate the cuff.

2 A defasciculating dose is helpful and should be used prior to Anectine

3 Anectine is contraindicated if family history of Malignant Hyperthermia exists; in cases of penetrating eye injury, severe burns, crush injury or in the presence of hyperkalemia. The onset of Anectine is 30-60 seconds, duration is 8-10 minutes.

4 Consider pain control measures. Neither paralytics nor sedatives control pain.

5 Keep the patient warm. Paralyzed patients lose much of their ability to generate body heat.