

RSI Protocol

Requirements for RSI Pilot program:

1. NREMT-P certification, current, preferably CCEMT-P or equivalent training with approval of OMD
2. Second provider on scene who is cleared to perform intubation.
3. Drugs will only be pushed by RSI cleared provider.
4. Written approval by OMD of agency where RSI will be used.
5. There will be 100% QI review of pilot program patient encounters

Maintenance of RSI certification:

1. RSI recert quarterly, documented appropriately with OMD or designee.
 - a. includes practical demonstration/ scenarios
 - b. may include pharmacology quiz or written test
 - c. may include required reading on which (b) may be based
2. Continued approval of agency medical director.

Contents of RSI pack: (Pack to be stored in secured area like drug boxes)

- | | |
|---------------------------------|----------------|
| (2) Etomidate 20 mg | 19 ga needles |
| (2) Vecuronium 10 mg with | filter needles |
| (2) 10 cc sterile water diluent | 30 cc syringe |
| (1) Succinylcholine 200 mg | 10 cc syringes |
| (2) Phenergan 25 mg | alcohol preps |
| (2) Midazolam (Versed) 2 mg | |
| (1) Labetalol 100 mg | |
| (1) Lidocaine 100 mg | |

Indications for RSI: (RSI may be done under standing orders if needed)

1. Age over 18 unless specific permission given prior to procedure by medical command.
2. Need for intubation:
 - a. Burns with suspected significant inhalation injury
 - b. GCS < 8 related to traumatic injury
 - c. Acute or impending airway loss (including inability to protect airway), RR < 10 or > 30
3. No known contraindication to RSI drugs

Procedure:

1. Preparation
 - monitoring (continuous ECG and SpO2, and BP pre- and post-)
 - functional laryngoscope and BVM with highflow oxygen
 - endotracheal tube(s), stylet, 10cc syringe
 - alternate airway (i.e., Combitube) and cricothyrotomy equipment immediately available
 - all medications drawn up and labeled
 - patent IV
 - assess for difficult intubation: LEMON
 - suction on and ready
 - tube confirmation equipment available (EtCO2 + EDD)
2. Preoxygenation
 - Either 100% oxygen x 5 minutes or 8 vital capacity (deep) breaths on 100% O2
 - minimize BVM ventilation and gastric distention
 - patient on continuous pulse oximeter monitoring

RSI Protocol (continued)

3. Pretreatment
 - Lidocaine: for head injury or increased ICP, 1 mg/kg
 - Defasciculation: for increased ICP, penetrating eye injury, Vecuronium 1 mg IV
 - begin holding Sellick's
4. Paralysis and Induction
 - Etomidate 0.3 mg/kg (20-30 mg)
 - Succinylcholine 1.5 mg/kg (120 mg)
 - ****contraindicated**** with
 - burns >24 hrs old
 - crush injury > 72 hrs old
 - denervation process (ex: para/quadruplegia)
 - risk of hyperkalemia (ex: ESRD)
5. Protection
 - Sellick's maneuver: hold from pretreatment through proof of proper placement
6. Placement with Proof
 - place ETT, confirm with 3 or 4 methods
 - breath sounds auscultated over lungs, no gastric sounds
 - end-tidal CO2 color change or proper waveform
 - EDD/bulb aspiration
 - oxygen saturations maintained > 95% at 1 min and 5 min
 - secure endotracheal tube, note position
7. Postintubation management
 - long-term paralytic: Vecuronium 0.1 mg/kg (9 mg)
 - sedation: Midazolam 0.1 mg/kg/hr

Paperwork:

1. PPCR
2. Airway form
3. RSI form:

Exchange:

Kit will be exchanged in return for PPCR + Airway form + RSI form ONLY

Other medications in RSI pack:

See TJEMS protocols 2001 edition, call for medical command orders for use until then.

RSI Protocol (continued)

TJEMS RSI Pilot Data Collection

Date: _____
PPCR #: _____ **(attach copy to this sheet)**
Agency: _____
RSI Provider Name: _____
Intubating Provider Name: _____

Indication for RSI (circle):

- a. Burns suspected significant inhalation injury
- b. GCS < 8 related to traumatic injury
- c. Acute or impending airway loss, inability to protect airway

Patient estimated weight: _____ kg

Drugs used/doses/order:	Order	Dose	Dose
Lidocaine			
Vecuronium (defascic) 1 mg			
Etomidate			
Succinylcholine			
Vecuronium (paralytic)			
Midazolam			

<u>Methods of tube confirmation:</u>	Yes	No
Breath sounds over lungs, none gastric		
End-tidal CO2 color change, proper waveform		
Bulb aspirator quickly inflates		
Pulse ox > 95% at 30 sec, 1 min, 5 min		

<u>Complications (any time during or post-RSI):</u>	Yes	No
Desaturation (< 90% SaO2)		
Bradycardia (< 50)		
Inability to place tube on first attempt		
Esophageal intubation		
Post-intubation hypotension (SBP < 90)		
Tube dislodgement		

Comments/Explanation:

RSI Protocol (continued)

TJEMS RSI PILOT PROGRAM

_____ has completed the required RSI training as approved by the TJEMS Operational Medical Director below and is cleared to perform RSI in accordance with the RSI protocol. This authorization is limited to the TJEMS region under the agency medical director below. Signature of the provider indicates understanding of the RSI protocol, RSI pack exchange, and documentation requirements of this pilot program.

Operational Medical Director

Provider

RSI Protocol (continued)

RSI Paralysis & Induction Protocols

