Rapid Sequence Induction

Clinical Indications:

Need for advanced airway control in a patient who has a gag reflex or trismus (jaw clinching).

Clinical Contraindications:

- Significant burns between 24 hours old and 2 weeks old.
- Known neuromuscular disease such as myasthenia gravis, amyotrophic lateral sclerosis, muscular dystrophy, Guillain-Barre syndrome.
- Chronic renal failure and on hemodialysis
- Patient or family history of malignant hyperthermia

Clinical Requirements:

- A minimum of 2 Survival Flight crew members on scene able to participate in patient care
- A maximum of three ET attempts total the proceed to Failed Airway Protocol

Procedure:

1. Pre-oxygenate patient with 100% oxygen via NRB mask or BVM
2. Monitor oxygen saturation with pulse oximetry and heart rhythm with ECG
3. Ensure functioning IV access (Two IV's are preferred if possible)
4. Evaluate for difficult airway (LEMON)-see appendix
5. Perform focused neurological exam
6. Prepare equipment (intubation kit, BVM, suction, RSI medications, BIAD (Blind Insertion Airway Device), Cricothyrotomy kit,
   waveform capnography, gum bougie)
7. Administer Etomidate
8. Stroke/head trauma suspected? If yes, consider Lidocaine 1mg/kg
9. In-line c-spine stabilization by second caregiver (in setting of trauma)
10. Apply cricoid pressure (by third caregiver)
11. Administer Succinylcholine and await fasciculation and jaw relaxation
12. Intubate trachea
13. Verify ET placement through auscultation, Capnography, and Pulse Oximetry
14. May repeat Succinylcholine if inadequate relaxation after 2 minutes at half dose
15. Release cricoid pressure and secure tube
16. **Continuous Capnography and Pulse Oximetry is required for RSI. The pre-intubation levels, minimal levels during intubation, and post-intubation levels must be recorded in the PCR.**
17. Re-verify tube placement after every move and upon arrival in the ED
18. Document ETT size, time, result (success), and placement location by the centimeter marks either at the patient's teeth or lips on/with the patient care report (PCR). Document all devices/methods used to confirm initial tube placement initially and with patient movement.
19. Consider placing a gastric tube to clear stomach contents after the airway is secured.
20. **Documentation is required that the receiving physician at the receiving facility confirmed proper tube placement.**

Certification Requirements:

Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the Survival Flight Medical Director. Assessment should include direct observation at least once annually.