

7.3 Rapid Sequence Intubation (RSI)

PARAMEDIC - PREREQUISITES REQUIRED - ADULT ONLY

This procedure is only to be used by paramedics who are trained and credentialed to perform RSI by the NH Bureau of EMS. 1 RSI paramedic **AND** 1 RSI assistant or non-RSI paramedic must be present.

INDICATION:

- Immediate, severe airway compromise in the adult patient in the context of trauma, drug overdose, status seizures etc., where respiratory arrest is imminent and other methods of airway management are ineffective.

PROCEDURE: THE SEVEN P'S

PREPARATION "SOAPME": T minus 5 minutes.

- Suction set up.
- Oxygen: 100% non-rebreather mask, with bag-valve mask ready.
- Airway : ETT (check cuff), Stylet, BVM.
- Pharmacology: IV/Medications drawn .
- Monitor: Cardiac / O₂ saturation/ ETCO₂ .
- Equipment: Laryngoscope / Blades / Suction / Bougie / Back-up devices.

PREOXYGENATION: T minus 5 minutes .

- When possible, use a non-rebreather mask for at least 3 minutes to effect nitrogen washout and establish an adequate oxygen reserve. In emergent cases, administer 8 vital capacity bag-valve-mask breaths with 100% oxygen.
- Apply nasal cannula with oxygen regulator turned up to its fullest capacity, (nasal cannula should remain in place until endotracheal tube is secured).

PREMEDICATION: T minus 3-5 minutes.

- Consider lidocaine. (1.5mg/kg) for patients with suspected increased intracranial pressure (ICP) (e.g., traumatic brain injury, seizures, suspected intracranial hemorrhage).
- Consider atropine 0.5mg IV for bradycardia.

PARALYZE AND SEDATE: T minus 45 seconds.

- Etomidate 0.3mg/kg IV; maximum 40mg. **OR**
- Ketamine 2 mg/kg IV.
- If Etomidate or Ketamine is not available:
 - Midazolam 0.2 mg/kg IV; 0.1mg/kg IV for patients in shock.
- Succinylcholine 1.5mg/kg IV immediately after sedation (maximum 200mg).
- For patients with contraindications to succinylcholine:
 - Rocuronium 1mg/kg IV **OR**
 - Vecuronium 0.1mg/kg IV.

PASS THE TUBE: T minus 0 seconds.

- Observe for fasciculations approximately 90 seconds after succinylcholine to indicate imminent paralysis.
- After paralysis is achieved, follow the procedure outlined in Procedure: [Orotracheal Intubation 5.6](#) to place the ETT.

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Prerequisite Protocol 7.3



SUCCINYLCHOLINE CONTRAINDICATIONS:

- Extensive recent burns or crush injuries > 24 hours old.
- Known or suspected hyperkalemia.
- History of malignant hyperthermia.

Protocol Continues

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PARAMEDIC - PREREQUISITES REQUIRED - Continued

PROOF OF PLACEMENT

- Assess for proper placement by following the procedure outlined in Procedure: [Orotracheal Intubation 5.6](#).

POST INTUBATION CARE

Sedation:

- Midazolam 2 – 5 mg IV, every 5 – 10 minutes as needed **OR**
- Lorazepam 1 – 2mg IV, every 15 minutes as needed for sedation (maximum: 10mg) **AND**
- Fentanyl 50 – 100 micrograms IV.

Paralysis (via on-line **Medical Control** only):

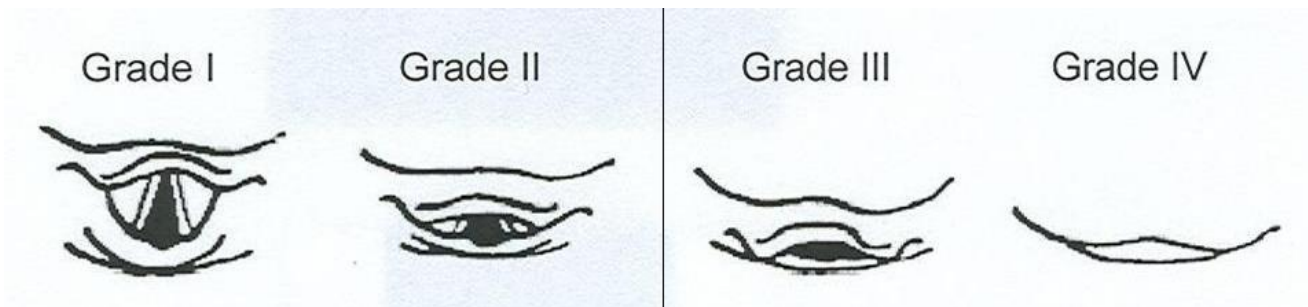
- Vecuronium 0.1mg/kg IV **OR**
- Rocuronium 1mg/kg IV.

DOCUMENTATION

- Each attempt at passing an ETT should be documented as a separate procedure of “Rapid Sequence Intubation”. The procedure should include the provider and time for each separate attempt. **DO NOT** also document a second procedure of “oro-tracheal intubation” as this will constitute double documentation of the intubation process. In this case, the procedure of RSI counts as the passing of the ETT itself.
- All medications administered should be documented, including the time and provider who administered them.
- Follow all other required documentation outlined in Procedure: [Orotracheal Intubation 5.6](#).



If failed airway and unable to ventilate consider [Cricothyrotomy Protocols 5.2 OR 7.4](#).



Classifications for Laryngoscopy Views