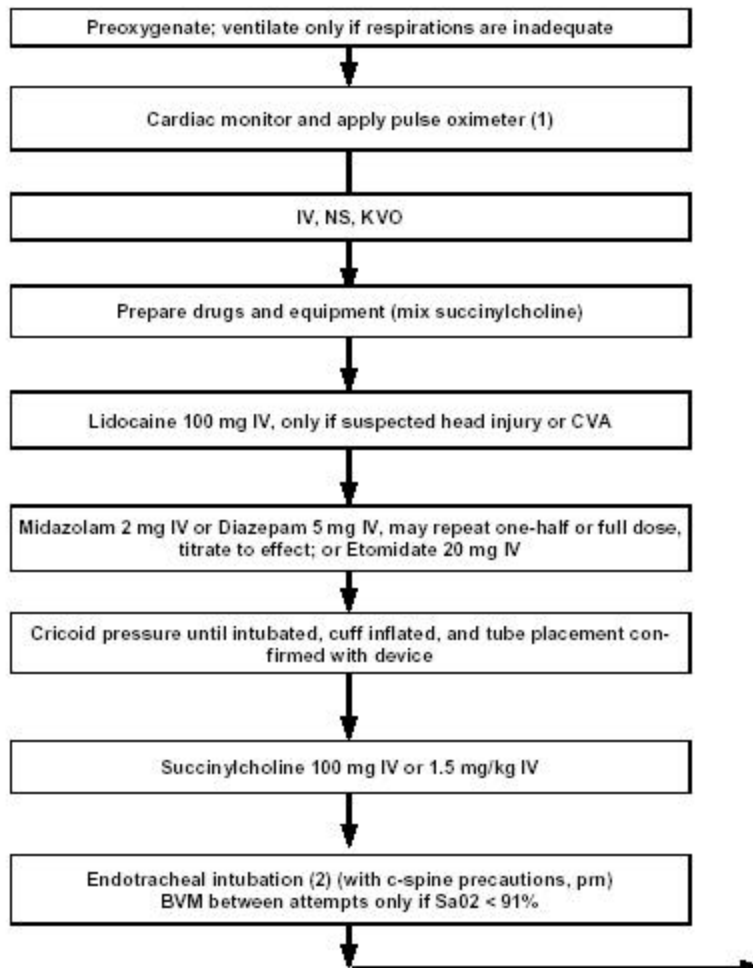


## Western Regional Emergency Medical Advisory Committee

|   |  |
|---|--|
| <b>Title: Rapid Sequence Intubation</b> | <b>Effective Date: October 1998</b><br><b>Page: 1 of 3</b> |
| <b>Policy #1998-7</b>                   | <b>Revised: May 2004</b>                                   |

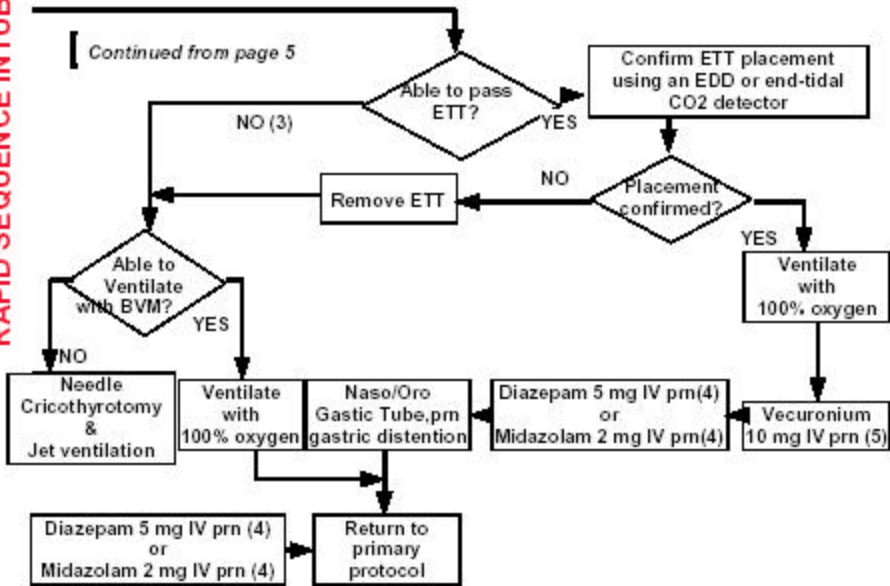
|                   |  |
|-------------------|--|
| <b>Policy:</b>    | <p>A paramedic level agency, with specific Medical Director approval, may practice Rapid Sequence Intubation (RSI). There must be present a credentialed New York State Paramedic (credentialing being defined as a completion of an educational program approved by the Medical Director and minimum of 5 witnessed live intubations using RSI in the ER / OR under direct physician supervision, and then 4 successful RSIs per year at minimum), along with an EMT-Intermediate (or higher level of care) who has been credentialed* to <b>assist</b> with RSI. Patients must be 16 years of age or older to be eligible for this procedure. <b>Two credentialed providers must be present to perform this skill.</b></p> |
| <b>Procedure:</b> | <p>Agencies authorized to use RSI must maintain a record of the training program used, attendance sheet, and Medical Director conducting the program. They must also keep and maintain signed records verifying the initial supervised Rapid Sequence Intubations as well as yearly renewals.</p> <p>*Credentialed <b>to assist</b> with RSI must include an educational program conducted by a Physician to familiarize them with their roles and responsibilities.</p>   |
| <b>Reference:</b> | <p>Western Regional Emergency Medical Advisory Committee minutes, October 1998 – Quality Improvement Subcommittee Report and WREMS ALS Protocols</p>   |

**RAPID SEQUENCE INTUBATION. Page 1 of 2**  
**Patients  $\geq$  16 y/o**  
**(FOR CREDENTIALLED AEMT-Ps ONLY)**



**SPECIAL NOTE:**  
**TWO CREDENTIALLED PROVIDERS MUST BE PRESENT TO PERFORM THIS SKILL. One must be AEMT-P. Second may be AEMT-CC or AEMT-I.**

*Continued on page 6*



**MC Treatment Options:**

A. Additional ET tube insertion attempts (default #1)

B. Needle Cricothyrotomy & Jet Ventilation (AEMT-CC/AEMT-P default #2)

C. Transport\* to closest facility (default #3)

**Footnotes:**

- 1) Pulse oximeter is mandatory for this procedure.
- 2) Direct laryngoscopy for removal of foreign body with Magill forceps.
- 3) Three attempts at intubation may be performed. Each passage of the Laryngoscope blade into the pharynx constitutes one attempt.
- 4) Sedation with Diazepam or Midazolam may be repeated q 5 min prn agitation.
- 5) Every patient who is paralyzed with Vecuronium should also receive sedation with Diazepam or Midazolam. Paralysis with Vecuronium may be repeated at 1/2 the dose (5 mg) q 15 mins prn.