	MULTNOMAH COUNTY EMERGENCY MEDICAL SERVICES			
	EMS OPERATIONAL POLICIES			
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MEDICAL DIRECTOR: JON JUI MD, MPH		TITLE: **RAPID SEQUENCE INTUBATION GUIDELINES**		

Rapid Sequence Intubation Guidelines

1. **In trauma system entry patients, make every effort to minimize scene times. In the case of a trauma system entry, airway management should be managed en route if at all possible.**
    a. The ambulance should be stopped only during the actual airway maneuvers. This is definitely the case if you are within 5 minutes transport time of a Level 1 Trauma Center.
    b. If the transport time is greater than 5 minutes and the patient is not ventilating in spite of BVM, then the airway should be secured prior to transport.

2. **The use of paralytics in a patient who has copious secretions and actively vomiting is extremely high risk procedure and should be avoided until they finish vomiting.**
    a. If the patient is already vomiting, usual airway maneuvers are indicated (left lateral decubitus, oxygen, etc).
    b. Attempting to secure the airway with paralytics during the vomiting may lead to catastrophic results.

3. **In the setting of excessive secretions or blood, good suction and lighting are highly desirable for successful intubations.**
    a. These resources are available in the ambulance.

4. **If you have a patient with a known anatomical obstruction (i.e tumor and/or foreign body) and the patient is ventilating (saturations are good), discretion should be used in the decision to paralyze this patient.**
    a. Only if the patient deteriorates (i.e., stops breathing or desaturates) should you resort to aggressive airway maneuvers.

5. **In the setting of status epilepticus, the drug of choice to maintain control of the airway should be midazolam.**
    a. The use of vecuronium prevents the assessment of the adequacy of control of the seizure.

6. **Please do not give vecuronium as the induction agent** unless special circumstances are present (i.e., the presence of hyperkalemia, etc). A call to MRH would be needed in such cases.

7. **Succinylcholine should not be re-administered unless it is originally part of the first RSI induction sequence.**

8. **Succinylcholine should not be administered as a paralytic agent for individuals who are already intubated.**

9. **Waveform End-tidal CO_2 must be charted on all patients who received ETCO2 monitoring or assessment.**

10. **All medications should be "drawn up" and rescue airway devices must be available prior to any intubation attempt.**

11. **Midozolam must be administered if succinylcholine or vecuronium is administered.**

12. **If relaxation is achieved by midazolam alone, this is permitted.**