## DRUG-ASSISTED INTUBATION

- 1. Initial Medical Care: Confirm need for intubation of a conscious adult patient in the field:
  - aspiration risk
  - inability to ventilate adequately with OP/NP airway and BVM
  - airway in imminent risk of closing from edema
  - nearest ED > 5 minutes away
- 2. Prepare patient and equipment for procedure:
  - Place patient on pulse oximeter and cardiac monitor
  - Position adult patient with blanket under head to place in sniffing position.
  - Have suction with tonsilar (Yankauer) or other rigid tip ready.
  - Prepare all intubation and cricothyrotomy equipment per procedure manual.
  - Lubricate the ET tube.
  - Preoxygenate patient with high flow O2 prior to intubation attempts.
- 3. Versed 4mg IV/IO for adults (0.05mg/kg slow IV for peds). or Etomidate 0.3mg/kg for adult medical patients (may repeat once), or 0.6mg/kg for adult head-injured patients (may not repeat). Etomidate is not to be used in peds under 12 years of age.

Post-intubation sedation: Versed 2mg increments IV/IO up to 10mg total for adults. (peds 0.05mg/kg slow IV/IO q 2 minutes to a maximum of 0.2mg/kg) as necessary

- 4. Once sedation is achieved, attempt oral endotracheal or in-line intubation.
  - If successful, check lung and epigastric sounds carefully.
  - Secure the ET tube; Reassess breath sounds and check tube placement (consider ETCO<sub>2</sub> detector). Document centimeters at the lip.
  - If unsuccessful, ventilate with 100% oxygen/BVM. Consider use of King Airway.
  - Seek further orders from medical control and begin transport to the nearest ED.
- 5. If unable to secure the airway:
  - Ventilate with bag-valve-mask
  - Consider King Airway insertion or Cricothyrotomy per System procedure.

**NOTE:** Patients who have eaten within 2 hours are at high risk for aspiration. Versed is reversed with Romazicon (flumenazil) in .2mg IVP increments.