

Rapid Sequence Airway Management Medication Protocol

- **Note:**
 - It is the expectation Rapid Sequence Airway Management is the standard paradigm for advanced airway management
 - **Indications** for Intubation/Advanced Airway Management
 - Inability of patient to protect their airway
 - Unable to oxygenate effectively
 - Unable to ventilate effectively
 - Impending Airway Compromise
 - Safety of EMS personnel during transport
 - Use of Paralytics for intubation **requires the presence of 2 (two) EMS practitioners** credentialed in airway management and at least one provider credentialed in RSI.

Scope: PARAMEDIC/CRITICAL CARE

- **Preparation for Intubation:**
 - Prepare the patient, equipment and medications prior to initiating the procedure.
 - Initial post-intubation sedative and analgesic medications should be prepared for administration prior to intubation attempt
 - Pre-oxygenate patient
 - Administer medications.
- **Medication Algorithms:**
 - Consider pre-medication in stable patients and if able to be given at least 3-5 minutes prior to intubation. **Airway Management for deteriorating conditions or unstable patients takes precedence over pre-medication**
 - **Atropine** (Bradycardia, Excessive Airway Secretions):
 - **Adult: 0.5mg IV/IO**
 - **Pediatric: 0.02mg/kg IV/IO**
 - **Lidocaine** (Reflex Mediated Bronchospasm and ICP Elevation)
 - **Adult/Pediatric: 1.5mg/kg IV/IO**
 - **FentaNYL** (Sympathetic Drive Mediated Tachycardia, Hypertension and Pain)
 - **Adult/Pediatric: 1-3 mcg/kg IV/IO**
 - Induction Agents (Choose one)
 - **Etomidate**
 - **Adult/Pediatrics: 0.3mg/kg IV/IO**
 - **Ketamine**
 - **Adult/Pediatrics: 1-2mg/kg IV/IO**
 - **Paralytics** (Choose one)
 - **Succinylcholine: Adult/Pediatrics: 1-2mg/kg IV/IO**
 - **Less than 6 months old: 2-3mg/kg IV/IO**
 - **Rocuronium: 1mg/kg IV/IO (ideal body weight)**
 - **Vecuronium:**
 - **Adult/Pediatrics: 0.1-0.3mg/kg IV/IO (ideal body weight)**
- See [Intubation Procedure Protocol](#) for further info