

Rapid Sequence Induction (\geq PL6)

Clinical Indications:

1. Inability to maintain airway patency on their own or even with basic airway adjuncts.
2. Inability to protect the airway against aspiration.
3. Failure to ventilate and/or oxygenate despite basic airway adjuncts or less invasive interventions.
4. Anticipation of a deteriorating course that will likely lead to respiratory failure in a patient with an intact gag-reflex.

Contraindications:

1. Anticipated difficulty ventilating with a bag-valve mask after paralysis.
2. Entrapped patients with inadequate airway access.
3. Ventilation and oxygenation improve with basic airway management or less invasive airway interventions, for example a BIAD, with no likely patient deterioration leading to respiratory failure.
4. A second ALS provider \geq PL5 is not directly involved in patient care, unless OLMC authorizes otherwise.

Notes/Precautions:

1. Rapid Sequence Induction Airway Checklist must be used for each RSI procedure.
2. This procedure is not to be rushed and should occur in a controlled setting to the best ability of the providers with respiratory and cardiac monitoring in place to be set up for success on first attempt.
3. Reminder to resuscitate then intubate and monitor/address risks of hypotension, hypoxia, and hypoventilation/acidosis.
4. Closed loop communication and delegation of airway monitoring, patient monitoring, and leading the scene is a must. The \geq PL6 performing the RSI procedure must only be focused on performing the RSI procedure and is responsible for the airway thereafter successful RSI intubation.

Procedure:

1. Access Rapid Sequence Induction Airway Checklist and begin to delegate roles and responsibilities as described above and in the checklist. The \geq PL6 provider ensures adherence to each step of the Rapid Sequence Induction Airway Checklist.
2. Begin to perform 1st Step of the Checklist, which is focused on making your equipment and team ready.
 - a. This includes the ability to delegate some tasks to \geq PL2 providers. ETT and DL/VL is reserved for \geq PL5 providers.
3. Only after 1st Ready Equipment and Team is completed and verified may the second step, 2nd Set for Procedure occur. All tasks in this section must be completed by a \geq PL5 provider and the \geq PL6 provider is responsible for administering the sedative then paralytic medications.
 - a. Sedating medication must be administered allowed to reach onset of action before administering the paralytic medication.
4. Only after 2nd Set for Procedure is completed and verified may the 3rd Go and Perform occur.
 - a. A \geq PL5 may perform the intubation at the discretion of the \geq PL6.
 - b. Confirmation of successful intubation by waveform EtCO₂ and other means is required and should be thoroughly documented in the ePCR.