ADULT RSI PROTOCOL

Paramedic

Quick Med Reference

Small Adult (est. 60 kg)
Ketamine 120 mg IVP
Midazolam 6 mg IVP
Vecuronium 6 mg IVP

Medium Adult (est. 80 kg)
Ketamine 160 mg IVP
Midazolam 8 mg IVP
Vecuronium 8 mg IVP

Large Adult (est. 100 kg)
Ketamine 200 mg IVP
Midazolam 10 mg IVP
Vecuronium 10 mg IVP

To prevent HTN in pts with increased ICP, aortic dissection, ICH, etc … Consider premedicating with **Fentanyl 1 – 3 mcg/kg** prior to intubation.

Predictor of Difficult Intubation:

HEAVEN

- **Hypoxemia**
- **Extremes in size**
- **Anatomical challenges**
- **Vomit / Blood / Fluid**
- **Exsanguination / anemia**
- **Neck Mobility issues**

UTILIZE RSI CHECKLIST

Position patient appropriately

High Flow NC @ 15LPM & NRB @ 15 LPM

Ensure IV patency
Suction equipment
Rescue Devices accessible
HEAVEN Airway Assessment

Ketamine 2 mg/kg IVP
Consider smaller doses for critically ill or hypotensive patients

Vecuronium 0.1 mg/kg IVP

Airway, Orotracheal Intubation
- Video Laryngoscope for 1st Attempt

ET tube placement verified by:
- ETCO2 (continuously monitor)
- Auscultation
- Chest wall movement

- Adult Intubated/Mechanical Ventilation Guideline

- Post-intubation pain and sedation medications immediately following intubation.

- Consider Gastric Tube Procedure

Rescuscitate before you intubate.

Do not undertake RSI lightly!!!

To prevent hypertension in pts with increased ICP, aortic dissection, ICH, etc… consider pre-medicating with Fentanyl 1-3 mcg/kg prior to intubation

Hypotension Pre-Intubation or immediately post-intubation consider: Push-dose Epinephrine

- 5-20 mcg (0.5-2.0 ml) IVP q 2-5 minutes
- Mix 1 ml EPI 1:10,000 with 9 ml NS

OR (Trauma and Hemorrhage) consider Push-Dose Vasopressin

2-4 Units (2-4 ml) IVP q 2-5 min

Mix 0.5 ml Vasopressin (10 units) in 9.5ml NS = 1 unit/mL

May Repeat 1 x

Failed Airway Guidline

PEARLS:

- Once a patient has been given a paralytic drug, **YOU ARE RESPONSIBLE FOR VENTILATIONS!!!**
- Maintain apneic oxygenation via NC during intubation attempt when possible.
- This procedure will take away the patient's airway, so you must be sure of your ability to ventilate/oxygenate before giving drugs.
- Prior to RSI, conduct a neurologic assessment including LOC and extremity movement
- Have all rescue devices immediately available (King Airway, DL blade, Cric kit)
- Preoxygenate with NRB/NC or BVM/PEEP, do not manually ventilate unless absolutely necessary
- All equipment must be in place and ready for use prior to administering RSI drugs.
- Midazolam 0.1 mg/kg IVP should be considered for patients with seizures or ETOH withdrawal
- If first intubation attempt fails, make adjustments and try again:
  - Different laryngoscope blade
  - Different ET tube size
  - Change patient head positioning
  - Consider applying external laryngeal manipulation (ELM)

Approved by Laramie Fire Department Medical Director March 1, 2024