Overview: This procedure should be used to facilitate intubations in patients 14 years of age or older, who weigh at least 45 kg, who require an invasive airway -- conscious or semi conscious -- and who will not accept nasal or conventional oral intubation. Use of waveform capnography is mandatory on intubated patients.

There are three levels in medication facilitated intubations. Providers may only practice within the following levels that they have been trained and cleared to perform.

ALS Level 1 (EMT-Cardiac and EMT-Intermediates). Intubation without medication facilitation.

ALS Level 2 (EMT-Paramedics). Medication (sedative only) assisted intubation.

ALS Level 3 (RSI-trained EMT-Ps). Paralytic (RSI) facilitated intubation (requires a second ALS provider)

Prehospital goal: Facilitate placement of invasive airway with use of medications.

Protocol for Management

Preparation (all levels):
1. Prepare all equipment including suction, capnography, and rescue airway.

Preoxygenate (all levels):
1. Preoxygenate with 100% oxygen.
2. BVM if needed to maintain pulse ox greater than 94%.
3. Maintain cricoid pressure.

Pretreatment (all levels):
1. For head injury patients, administer lidocaine, 0.1mg/kg, to decrease the rise in intracranial pressure

Treatment:
ALS Level 1
2. Utilize difficult airway protocol if needed.
ALS Level 2 (medication facilitated)
1. Administer Etomidate, 0.3mg/kg IV for sedation. Versed 0.05mg/kg IV is an acceptable alternative sedative (max dose 05mg).
3. Utilize difficult airway protocol if needed.

ALS Level 3 (Rapid Sequence Intubation)
1. Administer Etomidate, 0.3mg/kg IV for sedation. Versed 0.05mg/kg IV is an acceptable alternative sedative (max dose 5mg)
2. Administer Succinylcholine 1.5 to 2.5mg/kg IV for paralysis.
3. Vecuronium 0.1mg/kg IV can be used by itself for paralysis, in patients with contraindications to Succinylcholine, or in conjunction with Succinylcholine for long-term paralysis.
5. Utilize difficult airway protocol if needed.

Post Treatment Levels 2 and 3
1. Monitor and document airway and vitals post procedure, including continuous waveform ETCO₂ and pulse ox.
2. Versed can be given for post intubation sedation 0.05mg/kg IV
3. Vecuronium, 0.1mg/kg IV, can be given for continued paralysis if clinically indicated. REMEMBER TO GIVE PROPER SEDATION.
5. Make appropriate notifications if Level 3 (RSI) is used.

<table>
<thead>
<tr>
<th>Medications</th>
<th>ALS level 1</th>
<th>ALS level 2</th>
<th>ALS level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretreatment</td>
<td>Lidocaine 1 mg/kg IV</td>
<td>Lidocaine 1 mg/kg IV</td>
<td>Lidocaine 1 mg/kg IV</td>
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<tr>
<td>Paralytic</td>
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</tr>
</tbody>
</table>

Adapted by the Old Dominion EMS Alliance
Source: Chesterfield County Fire and EMS
January 2006