

South Plains Emergency Medical Services, Inc.

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Bailey
Borden
Carson
Castro
Childress
Cochran
Cottle
Crosby
Dawson
Dickens
Donley
Floyd
Gaines
Garza
Hale
Hemphill
Hockley
Kent
King
Lamb
Lubbock
Lynn
Motley
Parmer
Scurry
Swisher
Terry
Yoakum

TO: SPEMS EMS Services

SUBJECT: PARAMEDIC PROTOCOL VARIANCE FOR PAI

Please let this letter serve as your authority to use your discretion in the choice of **pre-sedation and post sedation** drug administration for Pharmacologic Assisted Intubation (PAI) management. You will work within the protocol guidelines with the drugs stated below.

Etomidate 0.3mg/kg, IV, to a maximum of 40mg. **DO NOT REPEAT.** Pediatric dose (<16yoa) 0.3mg/kg, IV, to a maximum of 40mg. **DO NOT REPEAT.**

OR

Midazolam (Versed) 5-10mg, IV, to a maximum of 10mg per single dose. Pediatric dose (<16yoa) 0.1mg/kg, IV, to a maximum of 5mg per single dose.

OR

Diazepam (Valium) 5-10mg, IV, to a maximum of 10mg per single dose. Pediatric dose (<16yoa) 0.1mg/kg, IV, to a maximum of 5mg per single dose.

OR

Ativan 2-4mg, IV, to maximum of 4mg per single dose. Pediatric dose (<16yoa) 0.05mg/kg, IV, to a maximum of 2mg per single dose.

- Continue to provide sedation medications for patients who are paralyzed. Watch for signs of decreased sedation. Repeat dose may be administered once at ½ the original dose as needed, as long as SBP >90mmHg. Contact Medical Control if additional sedation is needed.
- If **ALL** the above listed drugs are unavailable, and the patient remains conscious, do **NOT** perform PAI with paralytics alone. Instead, ventilate the patient via BVM aided by oral/nasal airway adjuncts. Be cautious of gastric inflation and vomiting (placement of a NG/OG tube should be considered in this situation). If the patient becomes unconscious, intubation may be attempted **WITHOUT** the aid of pharmacologic agents. Be mindful that an unconscious patient may still have a clenched jaw or be capable of biting. These conditions will make intubation difficult if not impossible. Lastly, consider transporting the patient to the closest facility. Drug availability and selection in the in-hospital setting may better facilitate airway management.
- The included supplemental pages should be read for indications, contraindications, side effects, and special restrictions.

You will need to place a copy of this letter in each protocol book in each ambulance.

Sincerely,

Charles E. Addington II, D.O.
Medical Director