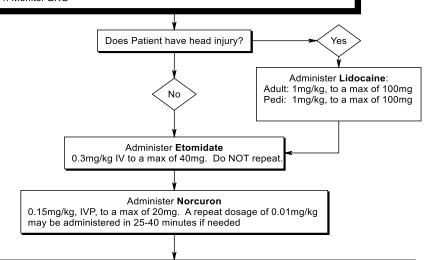
USE OF PHARMACOLOGIC AGENTS TO FACILITATE INTUBATION

USING NORCURON

- 1. Assist Ventilation with BVM and 100% Oxygen
- 2. Make sure patient is well oxygenated BEFORE administration of medication.
- 3. Assure patency of IV lines
- 4. Monitor EKG



- 1. When evidence of paralysis is noted, perform intubation (cricoid pressure should be used as needed to prevent regurgitaion until intubation is complete)
- 2. Confirm tube placement and secure tube
- 3. Continue ventilations with BVM and 100% oxygen

If systolic BP>90mmHg administer **Versed**, 0.1mg/kg, to a max of 10mg for amnestic sedation

- Continue to provide pain management for patients that MAY have pain/agitation.
 <u>For Adults:</u> administer Fentanyl, 2.5 to 5mcg/kg, IVP, to a max of 100mcg, per single dose. May be repeated once if needed. Contact Medical Control for additional pain management if needed.
 <u>For Pediatrics</u>: administer Fentanyl, 1 to 2mcg/kg, slow IVP, to a max of 100mcg, per single dose. May be repeated once if needed. Contact Medical Control for additional pain management if needed.
- Continue to provide sedation with Versed at 0.05mg/kg to a max of 5mg per single dose. May be repeated
 once if Systolic BP > 90mmHg. Contact Medical Control if additional sedation is needed.



Watch for signs of decreased sedation or increased pain (increase in pulse rate indicates increase in pain). Use continued paralyzation with caution in patients who are at risk for active seizures.

Intubation attempts should not exceed 30 seconds without resuming ventilations. Intubation attempts will be limited to 2 attempts by the primary paramedic and 1attempt by the secondary Paramedic/AEMT. An ET tube introducer (i.e. Bougie) may be used, if needed, to facilitate endotracheal intubation at any time. In the event that all 3 attempts at endotracheal intubation fail, secondary airway adjuncts shall be utilized. Patients who cannot be intubated with an endotracheal tube should be intubated with the Air-Qsp3G airway device(an ET tube introducer (i.e. Bougie) CANNOT be passed through an Air-Qsp3G airway in order to endotracheally intubate a patient) or lastly a surgical airway. Medical control should be contacted prior to performing a surgical airway. (Proper training should be documented prior to use)

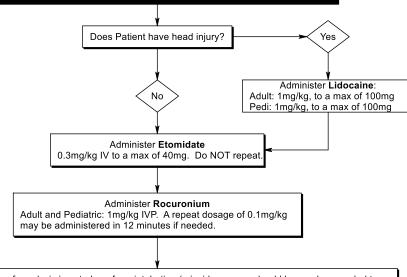
04/01/2024 D-9

USE OF PHARMACOLOGIC AGENTS TO FACILITATE INTUBATION

USING ROCURONIUM*

*Preferred Paralytic for Pediatrics

- 1. Assist Ventilations with BVM and 100% Oxygen
- 2. Make sure patient is well oxygenated BEFORE administration of medication.
- 3. Assure patency of IV lines
- 4. Monitor EKG



- 1. When evidence of paralysis is noted, perform intubation (cricoid pressure should be used as needed to prevent regurgitaion until intubation is complete)
- 2. Confirm tube placement and secure tube
- 3. Assist ventilations with BVM and 100% oxygen

If systolic BP>90mmHg administer **Versed**, 0.1mg/kg, to a max of 10mg for amnesic sedation

Continue to provide pain management for patients that MAY have pain/agitation.
 For Adults: administer Fentanyl, 2.5 to 5mcg/kg, IVP, to a max of 100mcg, per single dose. May be repeated once if needed. Contact Medical Control for additional pain management if needed.

<u>For Pediatrics</u>: administer Fentanyl, 1 to 2mcg/kg, slow IVP, to a max of 100mcg, per single dose. May be repeated once if needed. Contact Medical Control for additional pain management if needed.

Continue to provide sedation with Versed at 0.05mg/kg to a max of 5mg per single dose. May be repeated
once if Systolic BP > 90mmHg. Contact Medical Control if additional sedation is needed.

Continue to Treat,
Monitor & Transport

Watch for signs of decreased sedation or increased pain (increase in pulse rate indicates increase in pain).

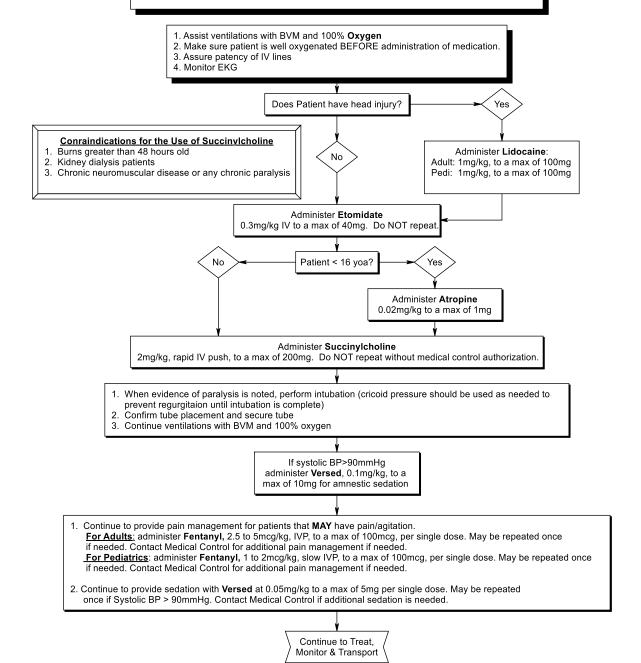
Use continued paralyzation with caution in patients who are at risk for active seizures.

Intubation attempts should not exceed 30 seconds without resuming ventilations. Intubation attempts will be limited to 2 attempts by the primary paramedic and 1attempt by the secondary Paramedic/AEMT. An ET tube introducer (i.e. Bougie) may be used, if needed, to facilitate endotracheal intubation at any time. In the event that all 3 attempts at endotracheal intubation fail, secondary airway adjuncts shall be utilized. Patients who cannot be intubated with an endotracheal tube should be intubated with the Air-Qsp3G airway device(an ET tube introducer (i.e. Bougie) CANNOT be passed through an Air-Qsp3G airway in order to endotracheally intubate a patient) or lastly a surgical airway. Medical control should be contacted prior to performing a surgical airway. (Proper training should be documented prior to use)

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USE OF PHARMACOLOGIC AGENTS TO FACILITATE INTUBATION

USING SUCCINYLCHOLINE



Watch for signs of decreased sedation or increased pain (increase in pulse rate indicates increase in pain). Use continued paralyzation with caution in patients who are at risk for active seizures.

Intubation attempts should not exceed 30 seconds without resuming ventilations. Intubation attempts will be limited to 2 attempts by the primary paramedic and 1attempt by the secondary Paramedic/AEMT. An ET tube introducer (i.e. Bougie) may be used, if needed, to facilitate endotracheal intubation at any time. In the event that all 3 attempts at endotracheal intubation fail, secondary airway adjuncts shall be utilized. Patients who cannot be intubated with an endotracheal tube should be intubated with the Air-Qsp3G airway device(an ET tube introducer (i.e. Bougie) CANNOT be passed through an Air-Qsp3G airway in order to endotracheally intubate a patient) or lastly a surgical airway. Medical control should be contacted prior to performing a surgical airway. (Proper training should be documented prior to use)

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