

AG26 Rapid Sequence Induction-Page 2 Post Intubation Care

Objectives:

- To appropriately care for the sedated/paralyzed patient including
 - a) Airway management
 - b) Patient packaging
 - c) Ensure safety and transport of the RSI patient

General Information:

- Patients may need additional sedative and paralytic medication during transport
- Vecuronium may be needed to maintain paralysis during transport (Physician Order ONLY)
- Signs and symptoms that the patient is not adequately sedated while paralyzed
 - a) Tachycardia
 - b) Tears from eyes
- Documentation (minimum)
 - a) GCS
 - b) Indication for RSI
 - c) Name of physician ordering RSI
 - d) Pre oxygenation
 - e) Cricoid pressure
 - f) Dosages of all medications given
 - g) Type of intubation or airway control
 - h) Number of attempts (successful and unsuccessful)
 - i) Compliance with Airway /Oxygenation/ Ventilation of the intubated patient guidelines
 - j) SpO2 and end-tidal CO2 monitoring
 - k) Reassessment of ET tube placement every 5 minutes and after each patient movement
 - l) Patient packaging techniques



Warnings/Alerts:

- Use of end-tidal CO2 monitors and SpO2 monitoring is mandatory
- Paralyzed patients must be in full C-spine immobilization with extremities restrained

OMD Notes:

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References:

Tidewater EMS Difficult Airway Management & Rapid Sequence Induction Course

Performance Indicators:

Indication for RSI Difficult Airway Chart

Confirmation of Airway after Each Movement

Use of End-Tidal CO2

Use of Secondary Airway

Treatment and Response to Treatment

Documented EKG Rhythm

Patient Packaging

Confirmation of ETT Placement

Online Medical Control

Number of Intubation Attempts

Post Intubation Sedation

AG26--Rapid Sequence Induction Protocol

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