

## **RAPID SEQUENCE INDUCTION (RSI)**

### **INDICATIONS:**

1. Respiratory insufficiency or respiratory arrest that can't be intubated due to non-flaccid state
2. Suspected closed head injury with GCS < 9
3. Unconscious or altered mental status with airway compromise
4. Potential airway compromise due to acute burns

### **CONTRAINDICATIONS:**

1. Fat, bull neck
2. Known anatomical deformities
3. Throat cancer
4. Non-arrested croup epiglottitis
5. Ankylosis

### **PRECAUTIONS:**

1. Take appropriate universal precautions including eye and face protection

### **PROCEDURE:**

1. This procedure is performed on standing order.
2. Maintain spinal immobilization in trauma patient.
3. Assemble and check required equipment.
4. Calculate and prepare doses of medication, verifying all doses with second paramedic.
5. Assure that IV/IO is secure and patent.
6. Attach and monitor ECG.
7. Attempt to raise/maintain Sa O<sub>2</sub> > 94%.
8. Communicate and initiate team responsibilities.
9. Premedicate as appropriate: Atropine less than 7 y/o = 0.01 mg/kg IV/IO push (min dose 0.1 mg & max of 0.5 mg); Lidocaine (ICP) = 1.0 mg/kg IV/IO.
10. Sedate if no hypotension with Etomidate 0.3 mg/kg IV/IO
11. If hypotension, proceed with induction without sedation.
12. Paralyze patient with succinylcholine 2 mg/kg IV/IO.
13. Apply cricoid pressure.
14. Wait 30-60 seconds, announcing time and Sa O<sub>2</sub>.
15. Fasciculations may or may not occur.
16. Perform ET intubation.
17. If unsuccessful, BVM & insert combitube, if combitube unsuccessful, use oral airway and BVM.
18. Confirm and document tube placement.
19. Secure tube with appropriate device.
20. Place patient on spine board with head blocks and c-collar.
21. Insert gastric tube as appropriate.
22. Frequently reassess ET tube placement.
23. If post RSI sedation is necessary, use Versed 2 mg slow IV/IO to a maximum of 0.1 mg/kg. Use Broselow pediatric tape for pediatric doses. (0.1 mg/kg, max 4 mg)
24. For additional paralysis, use Vecuronium 0.1 mg/kg. Use Broselow pediatric tape for pediatric dose (0.1 mg/kg).
25. Treat bradycardia during intubation with 0.5 mg atropine.
26. Notify medical control ASAP that RSI has been performed.

**PEDIATRIC CONSIDERATIONS:**

1. If RSI is repeated, it is not necessary to repeat atropine, treat bradycardia with oxygen.
2. Contact medical control for further orders.

**SPECIAL NOTES:**

1. May only be performed by Paramedic and qualified RN personnel.
2. Each RSI must have either two Paramedics or a Paramedic and qualified RN or 2 qualified RN's at the patient's side at the initial paralysis. A physician may take the place of an RN.



Timothy Steinmetz, MD