



## PROCEDURES PROC-01F

## DELAYED SEQUENCE INTUBATION

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### Indications:

- Unable to maintain or protect an airway
- Impending respiratory failure

### Precautions:

- Major facial or laryngeal trauma
- Upper airway obstruction
- Distorted facial or airway anatomy

### Procedure:

- Plan
  - Ensure a District Chief is on scene or enroute
  - Two, preferably three, authorized providers
  - Utilize DSI Checklist
    - SpO<sub>2</sub> >94% for 3 minutes prior to paralysis
    - Epinephrine Push-dose mixed/ready
    - Vitals: BGL, CO<sub>2</sub>, 3-lead
    - Verbalize back-up plan
    - Positioning – HOB elevated 15 degrees, ear to sternal notch
    - Review plans/roles
  - Evaluate Airway
  - Consult
- Preoxygenate
  - Apneic Patient – NC 15LPM, BVM 15LPM, PEEP up to 15cmH<sub>2</sub>O
  - Spontaneously Breathing – NC 15LPM and NRB 15LPM; or NIV
- Prepare Equipment
  - Suction, BVM, Intubation equipment, SGA, Monitor, Epinephrine Push-dose
- Induction
  - **Ketamine** 2 mg/kg IV/IO
- Paralysis – ADULTS ONLY –
  - **Rocuronium** 1mg/kg IV/IO
    - Do not administer until SpO<sub>2</sub> >94% for 3 minutes. Reevaluate preoxygenation technique if needed. Consider utilizing SGA.
    - Do not administer if SBP <90. Consider **Epinephrine** Push-Dose 20mcg q 2 minutes
- Intubate
  - Continuously monitor SpO<sub>2</sub> and HR. Stop attempts if SpO<sub>2</sub> falls below 90%
  - BVM ventilation may be necessary in between attempts to prevent desaturation
  - 2 attempts per provider (max 4 attempts) are allowed at intubation; use SGA if unsuccessful
  - Consider cricothyroidotomy if unable to intubate and unable to ventilate
- ET Tube Confirmation with WAVEFORM CAPNOGRAPHY
- Post Intubation Sedation
  - **Ketamine** 2 mg/kg IV/IO. Repeat q 5 minutes PRN