

## ***Medication Assisted Intubation***

**Paramedic Only**

### **Indications:**

1. GCS  $\leq$  8.
2. Patient unable to protect their own airway with or without trismus.
3. Respiratory failure or rapidly decreasing respiratory status.
4. Head injuries, major CVA with decreased LOC and inability to protect own airway.
5. Impending airway compromise, such as burns, edema, trauma to larynx.

### **Contraindications:**

There are no specific contraindications if an airway is needed. Be sure to have a BIAD or surgical crich available for back up. Always keep in mind the risk versus benefit, such as pediatrics, bariatrics, and predicted difficult airway etc. Cardiac arrest and respiratory arrest patients should be intubated without using medication.

### **Medication Assisted Intubation Procedure:**

1. Make sure all equipment is prepared and medication is ready
2. Preoxygenation with 100% O<sub>2</sub> with a BVM or non-rebreather mask. Preoxygenation is more successful if the head is elevated at least 20°.
3. **Ketamine** 2.5mg/kg IV/IO. Repeat 0.5mg/kg IV/IO every 5-10 minutes to keep sedation.
4. **Fentanyl** 100 mcg IV/IO.
5. Consider **Zofran** 4mg IV/IO for nausea
6. Intubate the patient, making sure you visualize the tube passing the vocal cords.
7. Assess for correct placement; bilateral breath sounds, ETCO<sub>2</sub> reading of at least 35mmHg, and chest rise and fall.
8. Secure ETT.
9. Continue to reassess and monitor patient.