



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

Memorandum

To: All Licensed Paramedic & Air Ambulance Services

From: Greg Brown, Section Chief
Section of EMS

Date: February 21, 2013

Re: Rapid Sequence Intubation (RSI)

The Arkansas Board of Health approved a **provisional program** to permit Arkansas licensed paramedic and air ambulance services to perform Rapid Sequence Intubations. This program will be monitored by the Section of EMS (Section) and **prior approval** must be obtained from the Section before implementation of your RSI program.

The enclosed information will assist services regarding the application process and training program recommendations. Please feel free to contact me at 501-661-2262 if you need assistance.

As a friendly reminder, your service must receive approval from this office prior to implementation of your program. Thank you.

RAPID SEQUENCE INTUBATION (RSI)

Overview and Training Requirements

I. Overview

Rapid Sequence Intubation (RSI) is a method of intubating patients who have a gag reflex who would otherwise be difficult to intubate. Intubation is accomplished by sedating and paralyzing the patient, allowing for easier intubation. No new skills are necessary, but decision making is crucial.

RSI utilizes a sedative, a short term paralytic, and a long term paralytic when necessary. In addition, atropine is used for bradycardic patients, and lidocaine is used for patients with increased intracranial pressure (ICP).

Because of the nature of RSI, **not all paramedics are eligible** and close scrutiny is required. The performance of this skill will be **limited to patients 8 years of age and older**. The Service Medical Director must play a key role in the selection of providers to be trained, training, and evaluation of the effectiveness of the program.

Training places a heavy emphasis on skills, enhanced pharmacological knowledge, and decision making (who should and should not receive RSI). Quality Assurance/Quality Improvement (QA/QI) is critical to the success of RSI. Cases should be reviewed as soon as possible following an RSI and positive or negative feedback given to the paramedic. Those paramedics making bad decisions or having poor intubation rates should be identified and remediated quickly. If improvement is not seen, the paramedic must be restricted from practicing RSI.

II. Implementation of a Program:

A. Utilization in Pre-hospital Emergency Setting:

Ambulance services electing to perform RSI procedures will be required to submit the following to the Section for **review and approval prior to initiation of program**:

- Proposed training plan (Must meet minimum hours outlined in Section II)
- Proposed treatment protocol
- A statement must be attached to the protocol stating that appropriate training will be provided to paramedics prior to utilization of skill/procedures.

After the requesting ambulance service receives approval from the Section of EMS the following must be conducted:

- Ambulance services will utilize the Section of EMS RSI Administration Tracking Form (see attached forms) for **each patient** that RSI procedure is performed. The original copies will be submitted / mailed with the ambulance service semi-annual report to the Section of EMS 5800 West 10th Street, Suite 800, Little Rock, AR 72204.

- The participating ambulance service will be required to provide a semi-annual report to the EMS Advisory Council regarding utilization of procedure and a QA/QI program update related to RSI procedures.
- Reports shall be in a written/typed format signed (**original signature of Medical Director**) and submitted to the Section **thirty (30) days** prior to the next scheduled Council meeting. Services will work with the Section of EMS to obtain mandated reporting dates. The service medical director is welcomed to provide a verbal report to the Council as well as a written report; however the written report must be submitted within the time frame listed above. Dates and location of scheduled Council meetings are posted at www.healthyarkansas.com/ems.

Reports shall consist of the following:

1. Number of employees trained during semi-annual period
2. Name(s) & Arkansas EMT # of employees eligible to perform procedure
3. Submission of signed "Verification Form: RSI" for paramedics verifying two witnessed sedations in an operating room or emergency room setting.
4. List Training Coordinator and provide his/her contact information.
5. Number of patients receiving RSI procedures
6. Patient outcome regarding procedure
7. Successful/failed intubation attempts and list airway device(s) utilized.

Most RSIs will be performed on a patient with head injuries or respiratory failure/exhaustion. Other patients needing RSI are those with burns, certain overdoses, facial injuries, and Cerebrovascular Accidents (CVAs). Very careful attention should be paid to the patient in Congestive Heart Failure (CHF). Performing RSI on these patients should be considered only after meds have failed. CPAP if available should be considered prior to performing RSI in CHF or COPD patients.

B. Hospital Staffing: Paramedics performing RSI procedures in a hospital setting:

Pursuant to ACT 293 of 1981, if a hospital wishes to permit an Arkansas Certified Emergency Medical Technician to perform specified procedures within the Emergency Department or as a member of an emergency code team functioning elsewhere in the hospital, the following action must be taken:

1. The medical staff must approve the privileges granted to the individual functioning as an EMT with the concurrence of the hospital's governing body. Specific policies governing the supervision and the procedures to be performed by the EMT must be developed by the medical staff and also approved by the hospital's governing body. In no event, however, may an EMT perform a procedure on a patient in a hospital that he or she is not certified to do by the Office of EMS and Trauma Systems, Arkansas Department of Health.
2. Approved EMTs in a hospital setting must function in accordance with physician's orders and under the direct supervision of either the physician or the Registered Nurse responsible for emergency services within a hospital.

3. A roster with the delineation of privileges will be maintained in the files of the supervisor for the respective department of employment and in the files of the administrator.
4. Participants must complete training program as outlined below (Section III, Outline of Initial Training) and documentation of training will be kept on file in employees training file at the facility. A verification form regarding the monitoring of two RSI procedures must also be kept on file by the hospital. Participant must complete training and monitoring program prior to utilization of skill set.

C. Inter-facility Transport Utilization Only:

Ambulance services electing to perform/administer Injectable Paralytics or Induction Agents during **Inter-facility Transports only** (not in a pre-hospital emergency field setting) will be required to submit the following to the Section for **review and approval prior to initiation of program**:

- Proposed training plan (Must meet minimum hours outlined in Section III)
- Proposed treatment protocol
- A statement must be attached to the protocol stating that appropriate training will be provided to paramedics prior to utilization of skill/procedures.
- Statement from Medical Director and Ambulance Service Manager stating the ambulance service will not carry or store any **Injectable Paralytic Agents or Injectable Induction Agents at any time.** Medication will be obtained from sending medical facility and any unused medication (after patient transport) will be returned to sending medical facility.

After the requesting ambulance service receives approval from the Section of EMS the following must be conducted:

- Ambulance services will utilize the Section of EMS ' RSI Administration Tracking Form (see attached forms) for **each patient** that Injectable Paralytic Agents or Injectable Induction Agents are administered. The original copies will be submitted/mailed with the ambulance service semi-annual report to the Section of EMS 5800 West 10th Street, Suite 800, Little Rock, AR 72204.
- The participating ambulance service will be required to provide a semi-annual report to the EMS Advisory Council regarding utilization of procedure and a QA/QI program update related to drug induced medication administration.
- Reports shall be in a written/typed format signed (**original signature of Medical Director**) and submitted to the Section **thirty (30) days** prior to the next scheduled Council meeting. Services will work with the Section of EMS to obtain mandated reporting dates. The ambulance service medical director is welcomed to provide a verbal report to the Council as well as a written report; however the written report must be submitted within time frame listed above. Dates and location of scheduled Council meetings are posted at www.healthyarkansas.com/ems.

Reports shall consist of the following:

1. Number of employees trained during semi-annual period
2. Name(s) & Arkansas EMT # of employees eligible to perform procedure

3. Submission of signed “Verification Form: RSI” for paramedics verifying two witnessed RSI procedures in an operating room or emergency room setting.
4. List Training Coordinator and provide his/her contact information.
5. Number of patients receiving Injectable Paralytic Agents and/or Injectable Induction Agents.
6. Patient outcome regarding procedure

III. Outline of Initial Training :

The Art of RSI	3-4 hours
a. Indication	1 hour
b. Medications	2-3 hours
Pharmacology component should be at least 2 – 3 hours depending on number of students trained. Training should include skill component (selecting appropriate meds, calculating doses, drawing up meds, administering meds, etc.) and working through scenarios to demonstrate knowledge and skill acquisition associated with the pharmacological component of RSI. Students must have a solid knowledge of adverse effects of these medications and expected physiological reactions.	

Review of Basic Airway Management, Intubation, and Trauma Assessment	1-4 hours
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Local option dependant upon completion of prerequisite course such as Basic Trauma Life Support (BTLS)/Pre-hospital Trauma Life Support (PHTLS), Advanced Medical Life Support (AMLS), and/or Pre-hospital Management of Traumatic Brain Injury (PMTBI).

Decision Making	2 hours
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Each paramedic participant must complete the training program for the ambulance service/hospital that he/she is employed with. If a paramedic works at multiple ambulance services or hospitals, they must complete the training program for each employer and obtain approval from each service medical director or hospital governing body they are employed with.

Paramedics may utilize their initial verification form regarding the monitored two RSI procedures for multiple employers at each Medical Director’s discretion. Paramedics must submit proof of verification to employer and it must be submitted to the Section of EMS with the ambulance service’s semi-annual report. This process is to ensure that all paramedics receive the appropriate training for each service they are affiliated with.

IV. Evaluation:

A copy of all reports of RSIs will be sent to the Ambulance Service Medical Director and Training Coordinator **immediately** following the call.

The Ambulance Service Medical Director will review each call for appropriate and inappropriate treatment, decision to use RSI, and scene times.

All RSI cases shall be reviewed through the normal QA/QI mechanism.

Service will maintain a QA/QI program related specifically to RSI procedures.

V. Inappropriate Treatment:

In the instance that RSI is performed inappropriately, the Ambulance Service Medical Director will make written recommendation(s) as to whether remediation is necessary or the paramedic must be restricted from practicing RSI.

VI. Qualifications to Participate in RSI:

The Service Medical Director & Training Coordinator will select individuals to participate in program. All participants must meet training requirements as outlined in Section III.

VII. Responsibilities of Ambulance Service Medical Director:

- A. Approve RSI program to be submitted for review/approval by the Section of EMS
- B. Select/approve participant providers
- C. Monitor training
- D. Evaluate the skills of participants
- E. Review all RSI attempts/patient care reports (PCR)
- F. Initiate retraining/remediation as needed.

RAPID SEQUENCE INTUBATION (RSI)

SAMPLE PROTOCOL

Indications:

1. Trauma patients with Glasgow Coma Scale of nine or less with gag reflex.
2. Trauma patients with significant facial trauma and poor airway control.
3. Closed head injury or major stroke with unconsciousness.
4. Burn patients with airway involvement and inevitable airway loss.
5. Respiratory exhaustion such as severe asthma, CHF or COPD with hypoxia.
6. Overdoses with altered mental status where loss of airway is inevitable.

Preparation:

1. Assess oropharynx and neck anatomy to anticipate difficult intubation. “Can I bag this patient if I cannot intubate him?”
2. Administer 100% oxygen. Have bag-valve-mask at hand.
3. Apply three lead cardiac monitor, BP monitor, pulse oximeter and have capnography ready
4. Secure intravenous access.
5. Test ET tube and all equipment necessary for intubation.
6. Estimate patient’s weight, calculate drug dosages, and draw up into syringes.

Procedure:

1. Preoxygenate with 100% oxygen by non-rebreather mask for at least 3 full, deep breaths. If ventilation is required, bag gently while cricoid pressure is applied. Preoxygenate four minutes if situation allows.
2. Administer Lidocaine 1.5mg/kg to patients with head trauma or stroke.
3. Administer either midazolam or etomidate.
 - a. Midazolam dose is 5 mg for the average size adult.
 - b. Etomidate dose is 0.3 mg/kg, about 20 mg for the average size adult. Etomidate increases risk of vomiting if given too fast.
 - c. If systolic pressure is 80-100 mmHg, utilize Etomidate or decrease Midazolam dose.
4. Apply cricoid pressure and hold until patient has been intubated, balloon of ETT has been inflated, position of tube tip has been assured, and ETT has been secured in place.
5. Administer Succinylcholine 2 mg/kg IVP (100mg for average 70 kg patient) and wait for paralysis to occur. (2.0 mg/kg typical pediatric dose)
6. Intubate. Discontinue attempt and ventilate with 100% of Oxygen if:
 - a. Thirty seconds has passed, and SpO₂ falls below 91% or
 - b. Heart rate falls below 60.
7. When successfully intubated, confirm placement by:
 - a. Bilateral breath sounds, and

 - b. Chest wall rise, and
 - c. Absence of gastric sounds, and

- d. End tidal CO₂ and/or capnography waveform, and
 - e. Continued SpO₂ reading in the high 90's (if this is consistent with the patient's baseline)
8. A second qualified person will then confirm correct tube placement.
 9. Secure tube in place to a stable facial structure.
 10. If intubation is unsuccessful, maintain cricoid pressure and provide BVM ventilation until the paralytic wears off, or consider use of **dual lumen airway device**. Confirm adequate ventilation by listening for breath sounds, observing chest rise, capnography and pulse oximetry.
 11. If patient becomes agitated, administer Midazolam 1 mg every 1-2 minutes until patient is calm, BP drops, or max. 10 mg. is utilized. Further doses may be given by direct medical control.

If a long transport is anticipated, consider administering Vecuronium (0.1mg/kg). Remember sedation is still required when Vecuronium is utilized.

Norcuron (Sample)

Main Indications:	Facilitates ET intubation by paralyzing skeletal muscle Provides skeletal muscle relaxation during mechanical ventilation
Contraindications:	Hypersensitivity to vecuronium
Major Side Effects:	No side effects except with overdoses
Therapeutic Effects:	Prevents neuromuscular transmission by blocking the effect of acetylcholine at the myoneural junction. Skeletal muscle paralysis
Adult Dosage:	0.1 mg/kg over 30-60 seconds Onset of 2-3 minutes, duration of 25-30 minutes
Approved Drug Route:	IV
Special Information:	Paralysis may be prolonged by succinylcholine, quinidine, and beta blockers. Protect from light, store at 15-30°C

Anectine
Succinylcholine Chloride
(Sample)

Main Indications:	Skeletal muscle relaxant during surgery or mechanical ventilation Facilitate tracheal intubation Adjunct to general anesthesia
Contraindications:	Hypersensitivity to succinylcholine History of malignant hyperthermia Skeletal muscle myopathies Hyperkalemia
Major Side Effects:	Apnea Cardiac arrhythmias Increased intraocular pressure Muscular fasciculations
Therapeutic Effects:	Combines with the cholinergic receptors of the motor end plate to produce depolarization. Onset of flaccid paralysis is rapid (less than 1 minute) after administration. Last approximately 4-6 minutes.
Adult Dosage:	2 mg/kg (Maximum of 150 mg)
Approved Drug Route:	IV
Special Information:	Succinylcholine has no effect on consciousness, pain threshold, or cerebation. Must be used with adequate sedation. In elderly patients, time of onset may be delayed due to slower circulation time. Liquid: store at 2-8°C Powder: store at 15-30°C

Versed
Midazolam
(Sample)

Main Indications:	Amnesia prior to or during diagnostic procedures. Conscious sedation
Contraindications:	hypersensitivity to versed Shock (relative) Pregnancy (relative)
Major Side Effects:	Apnea / respiratory depression Cardiac arrhythmias Hypotension
Therapeutic Effects:	Short-acting benzodiazepine CNS depressant
Adult Dosage:	.05 to .1 mg/kg up to 5 mg initial dose And may be repeated once. For initial administration of Versed, consider decreased dose if systolic BP is 80-100mmHg. After successful intubation, airway control and additional IV, Versed may be administered based on patient effect up to a total of 10 mg IV.
Approved Drug Route:	Slow IV
Special Information:	Impairs memory in 90% of patients Flumazenil will reverse sedative effects Store at 15-30°

**Etomidate
Amidate
(Sample)**

Indication:	For use in RSI protocol- for anesthesia induction
Approved Drug Route:	Slow IV
Dosage:	ADULT: 0.3mg/kg PEDIATRIC: 0.3mg/kg
Therapeutic Effects:	Hypnotic drug (no analgesic activity)
Relative Contraindications:	Known sensitivity to drug
Side Effects:	Transient venous pain, skeletal muscle movement, nausea and vomiting especially when administered rapidly
Special Notes/Restrictions:	Safety during pregnancy has not been established Store at room temperature

Verification Form: Rapid Sequence Intubation (RSI)

The following form will be completed by an anesthesiologist, certified registered nurse anesthetist or emergency room physician. This form will serve as verification that the listed paramedic has monitored two RSI procedures in an emergency room or operating room setting.

Printed Name of Paramedic: _____
Last First MI

Arkansas EMT- Paramedic Certification Number: _____

Date of Observation #1

Observation Site:

Hospital: _____

Address: _____

Phone # _____

Printed Name of anesthesiologist, certified registered nurse anesthetist or emergency room physician

_____ Last First MI

I, the undersigned, hereby verify that paramedic (name) _____
has monitored a RSI procedure on (mo/day/yr) _____.

Signature of anesthesiologist, certified registered nurse anesthetist or emergency room physician

Date of Observation #2

Observation Site:

Hospital: _____

Address: _____

Phone # _____

Printed Name of anesthesiologist, certified registered nurse anesthetist or emergency room physician.

_____ Last First MI

I, the undersigned, hereby verify that paramedic (name) _____
has monitored a RSI procedure on (mo/day/yr) _____.

Signature of anesthesiologist, certified registered nurse anesthetist or emergency room physician.

Please keep original for future reference. Provide each employer a copy.

Rapid Sequence Intubation Administration Tracking Form

Date: _____

EMS Run Number: _____

Name of Ambulance Service _____ AR. Service License # _____

Review Indications for RSI (Before Intubation)

CGS: _____ Pupil Status: _____ Respiratory Rate: _____

SpO2: _____ Heart Rate: _____ B/P: _____/_____

Post Intubation

Pupil Status: _____ Assisted Ventilatory Rate: _____

SpO2: _____ Heart Rate: _____ B/P: _____/_____

Number of Attempts: _____ Successful: Yes No Tube Depth: _____

Tube Size: _____

**To be filled out by paramedic performing RSI:
Physical Finding or Justification for Need:**

Estimated Patient Weight in KG: _____

Patient Transported to: _____

Via: _____

If there were any complications contact Medical Director immediately. Regardless of outcome, attach a copy of EMS encounter form and fax to Medical Director and the Training Coordinator on return to EMS station.

Dosage of Drugs Used		
Drug	Dosage	Time
Succinylcholine		
Lidocaine		
Atropine		
Norcuron		
Versed		
Etomidate		

Paramedic Signature: _____

Print Name: _____

RSI Data Collection Form

1	Date of run: (Month / Day / Year)	MM / DD / YYYY	
2	EMS Run number:	NNNNNNN	
3	Name of Ambulance Service:		
4	Arkansas Ambulance Service License Number:	NNNN	
5	Patient Demographics:		
	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Age (must be at least 8 years of age or older)		Years
	Estimated patient weight		kilograms
6	Vital Signs	Pre-Intubation	Post Intubation
	Blood Pressure		
	Pulse		
	Heart rate/EKG interpretation		
	Respiratory Rate		
	GCS		
7	Indications for Invasive Airway Management:		
	<input type="checkbox"/> Presence of apnea	<input type="checkbox"/> Inability to ventilate by BVM	<input type="checkbox"/> Inadequate oxygenation
	<input type="checkbox"/> GCS<8	<input type="checkbox"/> Inhalational burns	<input type="checkbox"/> Multi-systems trauma
	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Need to protect airway from aspiration	<input type="checkbox"/> Impending/potential airway compromise?
		<input type="checkbox"/> Refractory Anaphylaxis	<input type="checkbox"/> Laryngeal Trauma
			<input type="checkbox"/> Inability to maintain oxygenation by mask
8	Type of Airway Procedure:		
	<input type="checkbox"/> Rapid Sequence Intubation	<input type="checkbox"/> Crash Airway	<input type="checkbox"/> Difficult Airway
9	Monitoring and Treatment used concurrently with intubation		
	<input type="checkbox"/> ECG monitor	<input type="checkbox"/> Pulse oximetry	<input type="checkbox"/> End Tidal CO2 monitor
			<input type="checkbox"/> Intraosseus needle
10	Procedure Questions		
	<input type="checkbox"/> Preoxygenation with 100% O2	<input type="checkbox"/> Suction ready?	<input type="checkbox"/> Drug dosages calculated?
	<input type="checkbox"/> ET cuff checked?	<input type="checkbox"/> Light source checked?	<input type="checkbox"/> Stylet used?
		<input type="checkbox"/> Rescue airway device available?	
11	Type and Size of blade used?		
	<input type="checkbox"/> MacIntosh	<input type="checkbox"/> Miller	<input type="checkbox"/> Other
		Blade size=	
12	Drugs used:		
	<input type="checkbox"/> Atropine (____ mg)	<input type="checkbox"/> Lidocaine (____ mg)	<input type="checkbox"/> Valium (____ mg)
	<input type="checkbox"/> Etomidate (____ mg)	<input type="checkbox"/> Morphine (____ mg)	<input type="checkbox"/> Vecuronium (____ mg)
	<input type="checkbox"/> Fentanyl (____ mcg)	<input type="checkbox"/> Succinylcholine (____ mg)	<input type="checkbox"/> Versed (____ mg)
		<input type="checkbox"/> Other _____ mg)	
13	Rationale for not using Succinylcholine:		
	<input type="checkbox"/> Allergy to Succinylcholine?	<input type="checkbox"/> Hyperkalemia?	<input type="checkbox"/> Malignant Hyperthermia?
14	Classification of airway (Class 1, 2, 3)	Class=	
15	Number of attempts for successful intubation? (1,2,3,4,5)	Attempts=	
16	Length of time from first attempt to intubation (seconds)	Seconds=	
17	Cricoid pressure applied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18	Manual In-Line Spine stabilization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19	BVM between attempts effective?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20	Oxygen saturation between attempts > 90%?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	Time of intubation (military time)		
22	Intubation performed by: EMT-P		
23	EMT Number?		
24	SDBREATHE		
	Size of tube?	Size=	
	Depth of insertion at the lip	Cm=	
	Tube confirmation methods:		
	<input type="checkbox"/> Bilateral breath sounds?	<input type="checkbox"/> Rise/fall of chest wall	<input type="checkbox"/> End Tidal CO2 detector
	<input type="checkbox"/> Tube misting	<input type="checkbox"/> Hospital verification	<input type="checkbox"/> Abdominal sounds absent
	<input type="checkbox"/> Saw tube pass through cords	<input type="checkbox"/> Patient clinically improved?	<input type="checkbox"/> Esophageal Detector Device Aspiration
		<input type="checkbox"/> Pulse ox improvement?	
25	MD confirmed tube placement at receiving facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26	Name of person confirming successful intubation?		
27	Tube secured with device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28	Neck stabilization device utilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29	NG/OG tube inserted		
	<input type="checkbox"/> NG tube inserted?	<input type="checkbox"/> OG tube inserted	Size of NG or OG tube?
		Tube size=	
30	Unsuccessful Attempts performed by: EMT-P		
31	Rescue airway device placed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

32	Type of rescue airway:	<input type="checkbox"/> BVM	<input type="checkbox"/> Combitube©	<input type="checkbox"/> PTL
		<input type="checkbox"/> Surgical Cricothyrotomy	<input type="checkbox"/> Needle Cricothyrotomy	<input type="checkbox"/> Continuous Positive Airway Pressure
33	Indications for Surgical Airway?	<input type="checkbox"/> Failed Airway	<input type="checkbox"/> Unable to ventilate with BVM	
34	Complications of Surgical Airway?			<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Surgical Airway performed by: EMT-P			
36	Complications of Rapid Sequence Intubation?	<input type="checkbox"/> Cervical Vertebral injury	<input type="checkbox"/> Increased ICP?	<input type="checkbox"/> Aspiration?
		<input type="checkbox"/> Adverse drug effects	<input type="checkbox"/> Induction of vomiting?	<input type="checkbox"/> Dislocation of mandible
		<input type="checkbox"/> Trauma to airway?	<input type="checkbox"/> Laryngospasm?	<input type="checkbox"/> Tachycardia?
		<input type="checkbox"/> Chipping/loosening of teeth?	<input type="checkbox"/> Right mainstem bronchus intubation	<input type="checkbox"/> Undetected Esophageal Intubation
				<input type="checkbox"/> Bradycardia?
				<input type="checkbox"/> Patient death?
				<input type="checkbox"/> Hypertension?
				<input type="checkbox"/> Injury/trauma to patient from efforts
37	Suspected Reasons for Failed Intubation	<input type="checkbox"/> Difficult anatomy	<input type="checkbox"/> Inability to visualize cords	<input type="checkbox"/> Excessive secretions in airway
		<input type="checkbox"/> Inadequate patient paralytics relaxation		<input type="checkbox"/> Orofacial Trauma

Additional comments/information:

Please attach to the **Rapid Sequence Intubation Administration Tracking Form** and mail with the ambulance service's biannual RSI report to the following address:

ADH-Section of EMS
5800 West 10th St. Suite 800
Little Rock, AR 72204-1763

Check Sheet

Ambulance Service Approval Process

Have you included the appropriate documentation to receive approval?

Please submit the following materials to the Section **prior to implementation** of RSI procedures/program:

- _____ Proposed training plan (See Section III Outline of Initial Training)
- _____ Proposed treatment protocol (signed and dated by medical director)
- _____ Statement must be attached to protocol stating that appropriate training will be provided to paramedics prior to utilization of skill/procedures.

- _____ **For Inter-facility Transport Only:** (items listed above and the following) Statement from Medical Director and Ambulance Service Manager stating the ambulance service will not carry or store any **Injectable Paralytic Agents or Injectable Induction Agents at any time.** Medication will be obtained from sending medical facility and any unused medication (after patient transport) will be returned to sending medical facility.

A service must receive approval from the Section of EMS prior to implementation of program. You will receive a letter from the Section regarding the approval or denial of your RSI program. Do not start your RSI program until you receive an approval letter.

Mail to the following address:

AR Department of Health
Section of EMS
Attention: Section Chief
5800 West 10th St. Suite 800
Little Rock, AR 72204-1763