

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

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**SEDATED INTUBATION**

**CAUTION!!** When utilizing sedation for intubation the Paramedic must be assured that the airway can be intubated or the patient can be ventilated with other means.

**FIRST RESPONDER**

**I. Management**

- A. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
- B. Obtain vital signs(blood pressure, pulse and respiratory rate)

**BASIC LIFE SUPPORT**

- C. Arrange for ALS intercept.
- D. Transport toward ALS intercept, if transporting unit.

**ADVANCED LIFE SUPPORT**

- E. Attempt orotracheal intubation
- F. Assess need for *sedated* intubation (i.e. conscious patient's inability to maintain their airway, traditional orotracheal intubation cannot be achieved, etc.)
- G. Establish LARGE BORE IV

**CONTACT MEDICAL CONTROL**

- H. Premedicate with LIDOCAINE 1mg/kg IVP<sup>1</sup>
- I. In children < 12 years of age, consider ATROPINE 0.01mg/kg IVP (minimum of 0.1mg) as a prophylaxis of vagal induced bradycardia.
- J. Administer VERSED 2.5mg and flush IV wide open for 30 seconds \*For children < 12 years of age consider 0.1mg/kg up to 2.5mg

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- K. Assure proper pre-oxygenation of the patient and proceed with orotracheal intubation
  
- L. If desired sedation is not achieved, repeat in 2-4 minutes a second dose of VERSED 2.5mg with IV flush as above, repeat intubation attempt
  
- M. Assure correct ETT placement (including assessment for bilateral lung sounds, end tidal CO2 monitoring and pulse oximetry) and secure tube

**\*\*NOTE: If C-Collar is in place, consider removal while providing in-line manual immobilization of head and neck.**

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<sup>1</sup> Lidocaine is indicated for closed head injury patients, not for everyone

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Medical Director

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EMS Manager