



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
ADULT/ADOLESCENT
ENDOTRACHEAL INTUBATION AND AIRWAY COMPLICATIONS

#: BH-M-80
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BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. Post-intubation hypotension: Both the process of intubation with positive pressure ventilation (increased intrathoracic pressure) and use of midazolam to support the intubation process can lead to hypotension. In this setting, a preferred first step in management is:

* **Normal saline 250 ml bolus**, cautiously repeated to maintain perfusion (blood pressure) with attention to avoiding pulmonary edema.
3. In the setting of a dislodged endotracheal tube during transport, advise to suction airway and maintain ventilation with BVM and continue transport.
4. For dislodged tracheostomy tubes, replacement is usually not successful or advised in the field. Rather, advise to ventilate by traditional BVM method while covering the tracheostomy site with a gloved thumb and transport.
5. Pediatric intubation in Orange County: Small children (less than the length of a Broselow Tape) are best managed and transported with BVM support of ventilation. Children longer than the length of a Broselow tape (40 kg estimated weight) are appropriate for attempted intubation based on field judgement.
6. *****Please note: VERSED IS NOT FOR A PATIENT WITH A GAG REFLUX STILL PRESENT. DO NOT USE AS RSI.**
7. The terminology of LMA, supraglottic, and IGEL are interchangeable.

ALS STANDING ORDER

This standing order is for use **when endotracheal intubation is indicated and sedation is required for support of the procedure (usually due to retained muscle tone, "clenched jaw") or when an intubated patient requires continued ventilation support but is having difficulty tolerating an endotracheal tube that is in proper position** (usually reflex coughing or choking).

The order also applies to placement of an LMA when sedation is needed to relieve increased muscle tone involving the jaw. This is the only indication for sedation in placing an LMA. It does not apply in patients with a retained gag reflex. **The LMA is contraindicated for patients who are gagging and sedation will not be used to suppress a gag reflex. Should a gag reflex after the LMA is placed, the tube must be removed.**

1. Assess perfusion and blood pressure, if systolic blood pressure greater than or equal to 90, consider sedation:
 - ▶ Midazolam 5 mg IV, IO, or IM once
2. Re-assess blood pressure, if below 90 systolic after midazolam:
 - ▶ Give 250 ml normal saline bolus and reassess blood pressure
3. Do not extubate an endotracheally intubated patient after Midazolam sedation. If a LMA is placed after sedation and the patient develops a gag reflex, the tube must be removed.
4. Notify Base Hospital that sedation has been required to support maintenance of intubation ventilation support
5. ALS escort to nearest facility appropriate for the patient (CVRC, Trauma Center, ERC, etc.) and re-contact Base Hospital as needed.

Approved:

Carl Schultz, MD

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