

AIRWAY – SEDATION FACILITATED INTUBATION

1. Level: Paramedic, RN
2. Purpose: To secure an advanced airway in patients presenting with an indication for intubation when sedation is required and Ketamine is unavailable.
3. Indications: (all must be present)
 - 3.1. The patient is at risk for failure of oxygenation or ventilation; at risk for failure of airway maintenance or protection; or worsening clinical course expected and attempt of orotracheal or nasotracheal intubation has been unsuccessful
 - 3.2. Ketamine is not available
 - 3.3. Benefits > Risk after considering the 4 Factors for Facilitated Intubation
 - 3.3.1. Transport Time: if <15 minutes to an emergency department where intubation can occur in a controlled environment. Recall that these patients are Status 1 according to the CORE.
 - 3.3.2. Difficult Airway: if the patient has a "Difficult Airway" according to the LEMON law. Caution: Giving midazolam can change a situation from Cannot Intubate/Can Ventilate to Cannot Intubate/Cannot Ventilate (via BVM). **If there is any doubt that you will have trouble intubating this patient, do not give midazolam.**
 - 3.3.3. Clinical Condition: if the patient's condition will dramatically deteriorate if an airway is not **immediately** established. Load and go and do what you can en route.
 - 3.3.4. Contraindications to midazolam, including hypotension. Risk for failure of oxygenation or ventilation; at risk for failure of airway maintenance or protection; or worsening clinical course expected.
4. Contraindications:
 - 4.1. ≤ 12 years old
 - 4.2. Unresponsive patient without intact gag reflex
 - 4.3. Risk > Benefits—proceed with [**AIRWAY - BAG VALVE MASK Procedure**](#)
5. Predicting a difficult airway: LEMON Law
 - 5.1. Look Externally
 - 5.1.1. Obesity or very small
 - 5.1.2. Short muscular neck
 - 5.1.3. Buck teeth
 - 5.1.4. Large breasts
 - 5.1.5. Receding jaw
 - 5.1.6. Burns
 - 5.1.7. Facial trauma
 - 5.1.8. S/S of anaphylaxis
 - 5.1.9. Stridor
 - 5.2. Evaluate the 3-3-2 rule
 - 5.2.1. Mouth opening < 3 fingers
 - 5.2.2. Hyoid-chin distance < 3 fingers
 - 5.2.3. Thyroid cartilage-mouth floor distance < 2 fingers
 - 5.3. Mallampati (thickness of the tongue)
 - 5.4. Obstruction pathology within or surrounding the upper airway (e.g. peritonsillar abscess, epiglottitis, retro-pharyngeal abscess)

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- 5.5. Neck mobility: suspected spinal injuries require c-spine precautions
- 6. Procedure:
 - 6.1. Pre-medicate with 5 mg IN/IV q 2 minutes as needed for effective sedation, maximum dose of 10 mg via standing orders
 - 6.2. Placement:
 - 6.2.1. [**AIRWAY – OROTRACHEAL INTUBATION Procedure**](#)
 - 6.2.2. [**AIRWAY – SUPRAGLOTTIC AIRWAY Procedure**](#)
 - 6.3. Confirm using the [**ADVANCED AIRWAY CONFIRMATION / MANAGEMENT Protocol**](#)
- 7. Considerations:
 - 7.1. If unsuccessful and able to ventilate, [**AIRWAY - BAG VALVE MASK Procedure.**](#)
 - 7.2. If unsuccessful and unable to ventilate, [**CRICOTHYROTOMY Procedure.**](#)