**E3. Medication Assisted Airway**

### Goals:
- Provide effective oxygenation/ventilation
- Recognize and alleviate respiratory distress

### Signs/Symptoms:
- Respiratory distress/failure
- Evidence of hypoxemia or hypoventilation

### Documentation Key Points:
- Initial Vitals
- Interventions attempted
- Treatment response
- EtC02 value and waveform

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**Follow Initial Protocol for All Patients**

**Preparation T-8 Minutes**
- IV/IO x2, EtC02, EKG
- ETT, Stylet, Bougie, King Vision, Laryngoscope Blade Check, Syringes Backup Airway, Suction
- Medications Drawn Up

**PreOxygenate T- 5 minutes**
- 100% H40. Oxygen
- NRB, CPAP/NPPV, BVM, NPA, OPA

**Pretreatment T-3 minutes**
- **Consider:**
  - H17. Fentanyl 1 mcg/kg, max dose 100 mcg
  - H7. Atropine Adult 0.5 mg; Pediatric 0.02 mg/kg Max 0.5 mg

**Induction and Paralysis**
- H25. Ketamine 2 mg/kg
- H47. Succinylcholine 2 mg/kg; Max 200 mg
  - May repeat if needed, prior to airway being secured

**G24. Endotracheal Intubation**
- Utilize apneic oxygenation with nasal cannula
  - Max 3 attempts, with one utilizing the King Vision

**Successful?**
- **Yes**
- **No** → E4. Missed Airway Guideline

- A1. Advanced Airway Analgesic/Sedation
- Consider G26. Gastric Tube Placement
- E2. Mechanical Ventilation

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**Special Considerations**
- A fourth attempt at intubation may be made by supervisory staff.
- Confirmation must take place utilizing all of the following: Chest Rise and Fall, Auscultation (chest and epigastric), EtC02 Waveform

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**Date of Most Recent Update:** 6/2020

**Protocol: E3. Medication Assisted Airway**

**Protocol Date:** 8/00

**Past Protocol Updates:** 3/07, 2/10, 9/10, 6/12, 12/13

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