EMS Pediatric Protocols

<table>
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<th>Protocol Title</th>
<th>Medication Assisted Airway Management</th>
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<tr>
<td>Original Adoption Date</td>
<td>09/2000</td>
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<tr>
<td>Date of Most Recent Update</td>
<td>December 26, 2013</td>
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<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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Basic Treatment Guidelines
Follow initial protocol for all patients.

Indications
- Conscious patient in severe respiratory distress requiring ventilatory assistance or control
- Complete obstruction of the airway appears eminent
- Provide control of the airway of head injured patients
- Inability of patient to maintain airway control due to altered level of consciousness

Precautions:
1. SUCCINYLCHOLINE is absolutely contraindicated in patients with a personal or family history of malignant hyperthermia and in patients deemed to be at high risk of developing severe hyperkalemia.
2. Use of SUCCINYLCHOLINE is contraindicated in patients with tissue destructive conditions: crushing injuries or burns > 72 hrs old, patients with Muscular Dystrophy, pre-existing spinal cord injury resulting in paralysis, Rhabdomyolysis, or significant hyperkalemia (eg, suggested by characteristic changes on an electrocardiogram)
3. Anticipated difficult intubation or severe maxillo-facial trauma
4. Hypersensitivity to the medications used.

Preparation
1. Preoxygenate with 100% O2 via NRM for 1-2 minutes and assist with ventilations as needed prior to medications.
*Note* Endotracheal Intubation attempts shall be limited to two attempts. The definition of an Endotracheal Intubation attempt is “Anytime direct laryngoscopy is made with the intent to place the endotracheal tube.

Procedure
1. Administer ATROPINE 0.02 mg/kg IV if heart rate is less than 100 beats per minute. Max dose 0.5 mg.
2. Administer KETAMINE 2.0 mg/kg IV.
3. Apply cricoid pressure.

If paralysis is needed, and you have been authorized by Medical Director:
1. Administer SUCCINYLCHOLINE 2.0 mg/kg IV and evaluate for loss of corneal reflex/flaccidity.

If intubation is successful
1. Sedate with MIDAZOLAM 0.1 mg/kg IV increments until desired effect or to a maximum of 10 mg in 30-minute period from initial dose.

After intubation, monitor the patient with ETCO2 to ensure proper ventilations and endotracheal tube placement.