

Kittitas County Prehospital Care Protocols

Subject: INTUBATION WITH ETOMIDATE

MEDICAL PROGRAM DIRECTOR: signed copy on file (J. Horsley, MD)

EFFECTIVE DATE: 12-03-2015 (DOH APPROVED)

- A. It is understood that the procedure for endotracheal (ET) intubation is well practiced by the paramedic. This protocol is to provide guidelines for the use of Etomidate as an adjunct for ET intubation.

Endotracheal intubation should be initiated in a short period of time, so as to prevent delay in the provision of adequate ventilation. Etomidate should be used to assist in performing intubation in patients that are difficult, due to the presence of a gag reflex, and where optimal protection of the airway is a potential life-saving maneuver.

- B. Have ready, the following equipment and supplies:

1. Bag-valve-mask with functioning O₂ system.
2. Suction unit with rigid pharyngeal tip.
3. Laryngoscope and endotracheal tubes.
4. Etomidate
5. Fentanyl
6. Succinylcholine chloride
7. Versed
8. Vecuronium
9. Rocuronium Bromide

- C. Ensure that a functioning, secure IV line is in place.

- D. Establish cardiac monitor.

- E. Assist ventilations with supplemental O₂ as necessary, hyperventilate prior to intubation attempt.

- F. Administer **Etomidate**, 0.3 mg/kg, IV.

- G. Consider **Fentanyl**, 3 mcg/kg, (up to 150 mcg), slow IV push.

- H. If relaxation is inadequate, administer succinylcholine, 1.5 mg/kg, IV slow push (preferred), or Rocuronium, 1 mg/kg.

- I. Perform direct laryngoscopy and place ET tube per protocol. If first attempt is unsuccessful, ventilate with BVM for 30-60 seconds.

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- J. If repeated intubation attempts fail, ventilate with BVM until spontaneous respirations return. If further intubation attempts fail, and patient cannot be ventilated per BVM, consider other airway adjuncts and/or perform cricothyroidotomy per protocol.
- K. In the event that bradycardia occurs during the intubation attempt, cease intubation attempts and ventilate per BVM with supplemental O₂.
- L. After successful intubation, consider 25 mcg of **fentanyl** IV if BP is >100 systolic. Check BP after 5 minutes. If BP is >100 systolic repeat 25 mcg IV **fentanyl** dose. The 25 mcg dose IV may be repeated q 5 minutes up to 3 mcg/kg checking BP before each administration.
- M. **Succinylcholine** is contraindicated in burn victims if burn is post 6 hours.
- N. Consider administration of **vecuronium** to combative patients after successful endotracheal intubation. In a dose of 0.1 mg/kg of **vecuronium** IV.
1. The expected duration of action is 25-30 minutes.
 2. To maintain sedation after intubation, administer **versed** 0.1mg/kg over 2-3 minutes. **Versed** may be given up to a total of 0.5 mg/kg in patients ≤ 55 and up to 0.25 mg/kg in patients > 55 . Monitor blood pressure after each administration of **versed**. Titrate the dosage to maintain desired level of sedation without causing systolic BP to drop below 110.
 3. If patient is hypotensive, do not administer **fentanyl**.
 4. Continued end tidal CO₂ monitoring is necessary.
 5. Continued SaO₂ monitoring is necessary.