

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Paramedic**

**SMO: Moderate Sedation for Intubation**

**Overview:** Endotracheal intubation is the standard of care in patients who cannot protect their airways or in those needing assistance with breathing. This does not always mean that the patient is unconscious. Moderate sedation is sometimes required to make intubation possible due to patient combativeness, clenched teeth, etc.

**PROCEDURE**

\_\_\_ Confirm need for intubation of a conscious adult patient in the field:

- aspiration risk
- inability to ventilate/hyperventilate adequately with OP/NP airway and BVM
- airway in imminent risk of closing from edema
- nearest ED > 5 minutes away

\_\_\_ Prepare patient and equipment for procedure:

- Place patient on pulse oximeter and cardiac monitor.
- Record VS, pulse ox & cardiac monitor every 5 minutes during procedure
- Position adult patient with blanket under head to place in sniffing position.
- Have suction with Yankauer or other rigid tip ready.
- Prepare all intubation and cricothyrotomy equipment per procedure manual.
- Follow SOP for intubation.
- Hyperventilate patient prior to intubation attempts

\_\_\_ **Valium 5 mg IV or Versed 2 mg IV.** If further sedation is needed, contact Medical Control for subsequent doses.

- If patient is a multiple trauma victim in severe pain **Morphine Sulfate 2 - 5 mg IV** increments can be used either alone or along with Versed. Subsequent doses of Versed and Morphine may be obtained contacting Medical Control.

\_\_\_ Once sedation is achieved, attempt oral endotracheal or in-line intubation.

- If successful, check lung and epigastric sounds carefully.
- Secure the ET tube; Reassess breath sounds and check tube placement (consider ETCO<sub>2</sub> detector).
- If unsuccessful, hyperventilate with 100% oxygen / BVM and re-attempt intubation.
- Seek further orders from medical control and begin transport to the nearest ED.

\_\_\_ If unable to secure the airway:

- Ventilate with bag-valve-mask
- Consider cricothyrotomy after contacting Medical Control.

\_\_\_ Pediatric Dose: For Versed assisted intubation: 0.1 mg / kg

For Valium assisted intubation: 0.1 mg/ kg

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

**Documentation of adherence to protocol:**

- \_\_\_ Confirmation of need for intubation of a conscious adult patient in the field
- \_\_\_ Use of appropriate monitoring equipment (cardiac monitor, pulse oximeter, etc.)
- \_\_\_ Use of Versed and/or Morphine
- \_\_\_ Confirmation of placement of ET tube; proper oxygenation once ET tube placed.
- \_\_\_ Airway measures taken to keep patient oxygenated if intubation still unsuccessful.

**Medical Control Contact Criteria**

- \_\_\_ If further sedation is needed, contact Medical Control for subsequent doses.
- \_\_\_ If further airway measures taken to secure airway.

**PRECAUTIONS AND COMMENTS**

- Patients who have eaten within 2 hours are at high risk for aspiration. Morphine is reversed with Narcan 2 mg IVP.