



**New Hampshire Department of Safety
Division of Fire Standards & Training
And
Emergency Medical Services**

SIM Lab Packet

Rapid Sequence Intubation

**The Role of the NH
EMS-Medical Director**

May 2011

RSI testing format:

Participants in the RSI course will need to complete and pass two testing stations to certify for RSI privileges per the NH Bureau of EMS (NHBEMS) & the Medical Control Board prerequisites. Both testing stations (2) occur at the completion of the course and are objectively graded using a standard assessment worksheet. Participants will be allowed to challenge the course by simply performing the two testing stations, realizing that remediation IS NOT allowed for those challenging the course (similar to AHA testing guidelines).

A NHBEMS written exam will also be administered and must be passed per their minimum requirements. Proof of a passing written exam score and successful completion of both testing stations will be forwarded to the NHBEMS and the service chief for record keeping.

RSI Course Curriculum

Objectives:

To assess, objectively measure, and demonstrate competence in the skill of rapid sequence intubation (RSI) using simulated patient care scenarios.

To increase participant comfort and knowledge of indications, contraindications, medications, and procedures used during RSI.

To enforce and practice the medical decision making and procedural skills utilized during RSI through experiential learning.

Intended audience:

NH Paramedics who satisfy the RSI prerequisites per the NH Bureau of Emergency Medical Services (NHBEMS) requirements.

Course structure:

0800 Course and instructor introduction

0815 Introduction to simulation and intro to the course medic bag(s)

0830 PPT-NHBEMS airway assessment module

0900 SIM-DEMO: Observe an RSI in action (SIM-instructor demonstration/discussion/video debriefing)

0930 SIM1

1015 PPT-NHBEMS pharmacology module

1115 SIM2

1145 Lunch

1215 PPT-NHBEMS rescue airways

1245 rescue airways/supraglottic airways hands-on

1315: SIM3

1345 PPT-NHBEMS Putting it all together/Malignant hyperthermia

1430 written test

1450 Testing stations 1&2

1550 Remediation if required

1630 End

SIM1: Melvin (METIman)-Skills lab

50yo custodian found unresponsive at work. History of polysubstance abuse. Jaw clenched, hypoventilating, hypertensive, ecchymosis on temple region.

 Ideal management: immobilize c-spine

 Blood sugar (run AMS protocol completely)

 Successfully open airway and determine RSI needed

 Teeth clenched (cannot insert supraglottic airway).

 Seizure may occur. Difficult to ventilate.

SIM2: Melvin-outside against wall

Anaphylaxis with massive facial swelling. Key will be to treat anaphylaxis and NOT RSI.

Ideal management: Support and treat hypersensitivity

****DO NOT RSI****

SIM3: Melvin in an office setting

45yo male found unresponsive at work in a local bank. Jaw clenched and some seizure activity, now post-ictal. Will require control of airway and a neuroinduction.

Ideal management: Neuroinduction required.

Determine need for RSI and complete

Test1: Melvin-stairwell

35yo male. Closed head injury after a fall from 30feet. Unresponsive with blown pupil. Jaw clenched and apneic. Obviously deformed ankle fracture/dislocation. Otherwise no other obvious injury. Hypertensive and bradycardic.

Required elements:

Full CTLS-spinal immobilization and extrication

Complete primary survey

Address airway crisis and RSI

Correct drug, dose, and route

Correct application of the 7p's

Appropriate neuroinduction utilized

BURP or Selleck's maneuvers performed

ETT tube correctly placed and secured

Confirmation appropriate and complete

Test2: Igor-skills lab

70yo male with uncompensated systolic congestive heart failure. Will not tolerate CPAP (can have patient start with EMT-I a EMT-P intercept arrives) and now unresponsive and tachypneic. BP=115/60. HR=125 sinus tach. Saturations drop from low 90's to mid 80's over 2minutes.

Required elements:

Address airway crisis

Correct drug, dose, and route

Correct application of the 7p's

BURP or Sellecks maneuvers performed

ETT tube correctly placed and secured

Confirmation appropriate and complete

Remediation Case:

65yo male with ischemic cardiomyopathy and poor left ventricular function presents with flash pulmonary edema. Patient becomes unresponsive and apneic. ST elevations are present in inferior leads. Patient difficult to ventilate and unresponsive (cannot CPAP). Patient will go into Vtach if ventilation/oxygenation not achieved promptly through intubation. Patient will have intense gag reflex if intubation attempted without induction/paralysis.

RSI SimLab Checklist:

Participant: _____

Instructor: _____

Date: _____

Circle all that apply

PASS FAIL REMEDIATION 1 REMEDIATION 2

Required elements (check if completed correctly)

- ___ Recognized and verbalized need for RSI
- ___ Managed airway appropriately while preparing for RSI
- ___ Prepared appropriate equipment
- ___ Pre-oxygenated as long as possible, or for at least 120sec
- ___ Pre-treated if neuroinduction indicated
- ___ Appropriate drugs given
- ___ Appropriate drug doses administered
- ___ Sellick's maneuver performed correctly
- ___ ETT placed appropriately
- ___ Airway confirmed by (check if all completed):
 - ___ Auscultation (lungs and epigastrium)
 - ___ Chest rise
 - ___ Condensation in the tube
 - ___ Capnography utilized and positive
 - ___ Saturations observed for improvement
- ___ ETT secured properly
- ___ Patient sedated appropriately if indicated
- ___ ABC's reassessed following completion of RSI

Instructor Notes:

Signature: _____

