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

Administrative Packet for

Rapid Sequence Intubation

The Role of the NH EMT-Paramedic

May 2011
RSI Quality Management Qualifiers

**Purpose:** The purpose of these qualifiers is to allow an agency to determine whether they are capable and ready to implement a Rapid Sequence Intubation (RSI) program. As all should know, performing an RSI is a serious event with serious complications. Any agency that chooses to implement the program must:

- Have a quality management program in place that includes input from their medical director.
- Produce documentation showing that the service's providers are competent in airway management including BLS management, endotracheal intubation, and rescue airways.
- Have rescue airway and CPAP programs in place.
- Recognize other potential resources that might assist the agency with their RSI efforts.

**Qualifier Questions:**

1. How does our quality management system work pertaining to airway management?
   a. How do we monitor airway management at our agency?
   b. How is our Medical Director involved in airway quality management?
   c. Do we provide quality feedback to our providers on all intubations?
   d. Have we ever missed an esophageal intubation?
      i. What would we do if such an event happened?
      ii. Do we have all the equipment necessary to prevent such an event?
   e. How does our agency interact with our medical resource hospital in matters pertaining to airway management?
      i. What resources will they provide?
      ii. Do we have access to an OR or similar facility for remediation or training?

2. How many patients, who need to be intubated, arrived at the hospital successfully intubated?
   a. How many patients should have been intubated?
   b. How many received rescue airway devices?
   c. How many patients, who needed to be intubated, were:
      i. in cardiac arrest?
      ii. live patients?
      iii. could have qualified for RSI?
   d. How many patients were nasally intubated?
      i. How many of the patients were suffering from CHF?
      ii. Do we use CPAP?
      1. Why not?

3. Are our providers competent in:
   a. BLS Airway Management (BVM, suction, oral and nasal airways)
   b. Rescue Airways (supraglottic airways)
c. CPAP
d. Waveform Capnography
e. Endotracheal Intubations
RSI Prerequisite

LICENSURE:
Paramedic

EXPERIENCE
≥ 2 Year
≥ 5 un-proctored endotracheal intubations on human, non-cadaver tissue.

EDUCATION:
RSI Program approved by the Medical Control Board; to include patient selection, airway management including backup devices and pharmacology.
Medical Director or designee to oversee program

MEDICAL DIRECTION
Direct oversight of the program
Recommendation for program
QM Reviews all airway calls

RECOMMENDATION
The Medical Director and the Head of EMS Agency must mutually agree to participate in the program.

QM/PI PROGRAM
Standardized forms with elements to be reviewed (to be determined by the MCB)
Medical Director to review all calls where RSI was performed or attempted.
Remediation: 2 people to look at problem calls (Medical Director and NH EMS) and come up with a consensus as to remediation.

REPORTING
Report to NH EMS via TEMSIS
NH EMS will report to MCB

COMPETANCE/EXPIRATION
Every 2 years
≥10 successful prehospital RSIs (no further recertification required)
<10 successful prehospital RSIs (two options)
   1 - Challenge SimLab final practical and exam with approval from program
   2 – Complete NH RSI training modules/SimLab Examination (proctored and closed book)

RESOURCES
MRH agreement with participating hospital which includes access to necessary inter-departments. (example: E.R, IV team, O.R, Respiratory, etc.)
Medications, as needed
Equipment (same as needed for ALS truck)
Waveform Capnography
CPAP
Personnel: 1 paramedic and 1 EMT crew member educated with the RSI Assistant Program as approved by the Medical Control Board

NH Division of Fire Standards and Training and Emergency Medical Services
September 2007
Updated January 2011
PROTOCOL NAME_____________________________________________________PROTOCOL NUMBER_________

LEGAL NAME OF UNIT ____________________________________________UNIT LICENSE NUMBER________

BUSINESS STREET ADDRESS
STREET                  CITY       STATE       ZIP CODE

MAILING ADDRESS
STREET/PO BOX    CITY      STATE       ZIP CODE

HEAD OF UNIT ______________________________________________TITLE_________________________________

CONTACT TELEPHONE____________________________FAX (IF AVAILABLE)________________________________

EMAIL ADDRESS (IF AVAILABLE)_____________________________________________________________________

MEDICAL RESOURCE HOSPITAL ____________________________________________________________________

MEDICAL DIRECTOR OR DESIGNEE__________________________________________________________________

MEDICAL DIRECTOR PHONE

TYPE OF APPLICATION (CIRCLE)  INITIAL   RENEWAL

HEAD OF UNIT               DATE     MEDICAL DIRECTOR OR DESIGNEE  DATE

ATTACHED IS SUPPORTING DOCUMENTION FOR ALL ELEMENTS LISTED IN Saf-C 5922.01 (e) WITH A LIST OF LICENED PROVIDERS TRAINED UNDER Saf-C 5922.
(d) Prerequisites required by protocol shall be established by the EMS Medical Control Board in accordance with RSA 153:A-2 XVI (a).

(e) Protocol prerequisites, when required, shall address each of the following elements:

1. The protocol title and number to which the prerequisites relate;
2. The provider licensure level necessary to carry out the protocol;
3. The name of the medical director, or designee, who will oversee the training module;
4. The MRH and EMS head of unit recommendations to the division;
5. The provider experience criteria;
6. All quality management program elements;
7. Reporting requirements for monitoring and skill retention;
8. Equipment and staff support resources necessary;
9. Provider renewal criteria, and
10. Training requirements.
INITIAL
Rapid Sequence Intubation (RSI)
Prerequisites
Checklist

_____ 1. PROTOCOL TITLE AND NUMBER:
Complete Application

_____ 2. PROVIDER LICENSE LEVEL NECESSARY TO CARRY OUT THE PROTOCOL:
Provide list of eligible providers

_____ 3. RECOMMENDATIONS:
Attach letters of recommendation from Medical Director and Head of Unit

_____ 4. THE PROVIDER EXPERIENCE CRITERIA
Provide written proof for each paramedic the following:
≥ 2 years as a paramedic
≥ 5 un-proctored endotracheal intubations on human, non-cadaver tissue.

_____ 5. ALL QUALITY MANAGEMENT PROGRAM ELEMENTS
Complete the RSI Qualifiers

_____ 6. REPORTING REQUIREMENTS FOR MONITORING and SKILL RETENTION
Ability to report through TEMSIS or equivalent

_____ 7. EQUIPMENT AND STAFF SUPPORT RESOURCES NECESSARY:
Provided documentation of MRH agreement with participating hospital which includes access to necessary inter-departments. (ER, OR, Respiratory, etc.) and medications.
Equipment: Provided documentation through appropriate statement and/or purchase receipts

_____ 8. TRAINING REQUIREMENT
Provide proof of training through course completion roster signed by Medical Director
RENEWAL
Rapid Sequence Intubation (RSI)
Prerequisites
Checklist

1. PROTOCOL TITLE AND NUMBER:
   Complete Application

2. PROVIDER LICENSE LEVEL NECESSARY TO CARRY OUT THE PROTOCOL:
   Provide list of eligible providers

3. RECOMMENDATIONS:
   Attach letters of recommendation from Medical Director and Head of Unit

4. THE PROVIDER EXPERIENCE CRITERIA

   ≥10 successful prehospital RSIs (no further recertification required)
   <10 successful prehospital RSIs (two options)
   1 - Challenge SimLab final practical and exam with approval from program Medical Director.
   2 – Complete NH RSI training modules/SimLab

5. ALL QUALITY MANAGEMENT PROGRAM ELEMENTS
   Verify previous years reporting completed

6. REPORTING REQUIREMENTS FOR MONITORING and SKILL RETENTION
   Ability to report through TEMSIS or equivalent

7. EQUIPMENT AND STAFF SUPPORT RESOURCES NECESSARY:
   Provided documentation of MRH agreement with participating hospital which includes access to necessary inter-departments. (ER, OR, Respiratory, etc.) and medications.
   Equipment: Provided documentation through appropriate statement and/or purchase receipts

8. TRAINING REQUIREMENT
   Provide proof of refresher training through course completion roster signed by Medical Director
Rapid Sequence Intubation
Quality Management

I. Review by EMS Unit’s QM Committee/Officer each RSI, Intubation, and Supraglottic Airway for
   A. Appropriateness
   B. Failed attempts
   C. Difficulties
   D. Patients that were not intubated that should have been
   E. Thorough documentation
   F. Feedback to providers
   G. Scheduled review training, as needed

II. Review by Medical Director
   A. Standardized review process using EMSIR and airway review form
   B. Follow up with providers linkage to patient outcome
   C. Remediation if necessary

III. Minimum requirements for each RSI patient entered in TEMSIS
   A. Minimum Procedure Data Elements
      1. Time to patient
      2. Patient age
      3. Patient weight
      4. Provider Impression
      5. Protocol Used: RSI

   B. Required Procedures Documentation
      1. Airway – Insertion: Rapid Sequence Intubation
         a. Document each attempt separately
         b. 2 attempts maximum
         c. Attempt means once blade is placed in the mouth
      2. Any rescue airways, if applicable (KING, Combitube, etc.)
      3. Airway – Confirmation: ETCO2

   C. Minimum Narrative Documentation (see Best Practice samples)
      1. Indications for RSI
      2. Pretreatment/Preparation/Airway pre-assessment
      3. Procedure performed
      4. Observed during procedure
         a. Airway grading
         b. FBAO, fluids, trauma, etc.
      5. Confirmation methods
      6. Post care
         a. Securing method
         b. Tube location
         c. Medications
d. Reassessment
7. Physician tube confirmation
8. Or complete documentation of the 7 Ps of RSI

IV. Report to NH Bureau of EMS
   A. On the 1st of the odd months, report Definitive Airway Statistics Report (see template) for the previous 2 months, via email to the Advanced Life Support Coordinator