

**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 Medical Director.

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.)

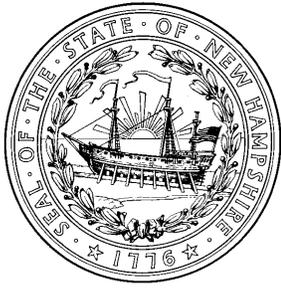
Medications, as needed

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



**NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS AND TRAINING &
EMERGENCY MEDICAL SERVICES
NH EMS PREREQUISITE APPLICATION**
PLEASE PRINT (BLACK INK) OR TYPE



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 DOCUMENTATION FOR ALL ELEMENTS LISTED IN Saf-C 5922.01 (e) WITH A LIST OF LICENSING PROVIDERS TRAINED UNDER Saf-C 5922.

PART Saf-C PATIENT CARE PROTOCOLS

Saf-C 5922.01 Procedures...

(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

