**DRUG-ASSISTED INTUBATION (DAI)**
Expanded Scope Practice (NR)

**Purpose:** Achieve rapid tracheal intubation of patient with intact protective airway reflexes who needs an immediate airway through the use of pharmacological aids and techniques that facilitate intubation.

**Consider indications for DAI:**
- Actual or potential airway impairment or aspiration risk (trauma, stroke, AMS)
- Actual/impending ventilatory failure (HF, pulmonary edema, COPD, asthma, anaphylaxis; shallow/labored effort; SpO$_2$ $\leq$ 90; ETCO$_2$ $\geq$ 60)
- Increased WOB (retractions, use of accessory muscles) resulting in severe fatigue
- GCS 8 or less due to an acute condition unlikely to be self-limited (Ex. self-limited conditions: seizures, hypoglycemia, postictal state, certain drug overdoses or traumatic brain injuries)
- Inability to ventilate/oxygenate adequately after inserting an OPA/NPA and/or via BVM
- Need for ↑ inspiratory or positive end expiratory pressures to maintain gas exchange
- Need for sedation to control ventilations

**Contraindications/restrictions to use of sedatives:**
- Coma with absent airway reflexes or known hypersensitivity/allergy.
- Use in pregnancy could be potentially harmful to fetus; consider risk/benefit.

1. **IMC:** SpO$_2$, evaluate before and after airway intervention; confirm patent IV/IO; ECG monitor
2. **Prepare patient:**
   - Position supine in sniffing position (earlobe horizontal w/ xiphoid) if not contraindicated
   - Assess for signs suggesting a difficult intubation
3. **Preoxygenate for 3 minutes**
   - Breathing at RR 8 or greater: O$_2$ 12-15 L/NRM to avoid gastric distention
   - RR < 8 or shallow: O$_2$ 15 L/BVM at 10 BPM (asthma: 6-8)
4. **Prepare equipment:** BSI, suction source (attach rigid tip catheter); drugs & airway equipment (bougie)
5. **Premedicate** while preoxygenating
   - Gag reflex present: BENZOCAINE 1-2 second spray, 30 seconds apart X 2 to posterior pharynx
   - May need to wait until after & etomidate given if teeth clenched
   - Pain mgmt if needed: Fentanyl standard dose per IMC
6. **Sedation**
   - ETOMIDATE 0.5 mg/kg IVP up to local max dose per procedure **OR**
   - KETAMINE (preferred for Asthma) 2 mg/kg slow IVP (over one min) or 4 mg/kg IM
   - Allow for clinical response before intubating (if possible)
7. **Intubate per procedure:** Maintain O$_2$ 6 L/NC during procedure
   - Apply lip retraction, external laryngeal pressure; in-line stabilization if indicated
   - Monitor VS, level of consciousness, skin color, ETCO$_2$ (if available), SpO$_2$ q. 5 min. during procedure
   - Assist ventilations at 10 BPM if ↓ RR or depth, or ↓ BP & hypoxic
8. **Confirm tube placement**
   - Monitor ETCO$_2$ (quantitative waveform capnography preferred)
   - Ventilate and observe chest rise; auscultate over epigastrium, bilateral anterior chest, and midaxillary lines
   - If ETCO$_2$ not detected, confirm position with direct laryngoscopy
9. **If successful**
   - O$_2$ 15 L/BVM at 10 BPM (asthma 6-8)
   - Inflate cuff (avoid overinflation); note diamond number on ETT level with teeth or gums (3 X ID ETT)
   - Secure ETT with commercial device. Reassess ETCO$_2$ & lung sounds. Apply lateral head immobilization.
   - Post-intubation sedation: If SBP $\geq$ 90 (MAP$\geq$ 65): MIDAZOLAM 2 mg slow IVP/IN increments q. 2 min to 20 mg prn
   - Continue to monitor ETCO$_2$ or capnography to confirm tracheal placement.
10. **If unsuccessful:** Reoxygenate X 30 sec; repeat steps 7 & 8. Consider need for additional medication.
    - If unsuccessful (max 2 attempts) or ETI attempts not advised: insert alternate airway; ventilate with O$_2$ 15 BVM
11. **If unable to adequately ventilate:** Needle or surgical cricothyrotomy per System procedure.