

Name of Policy: Urgent and Emergent Inpatient Intubation Pathway Policy Number: 3364-100-45-25 Approving Officer: Chief Executive Officer Chief Medical Officer Chief of Staff Responsible Agent: Chief Nursing Officer Scope: The University of Toledo Medical Center		 Effective date: Original effective date: January 24, 2020	
Key words: Inpatient Intubation, Emergent, Urgent, Endotracheal Intubation, Sedation Medication			
☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy statement

All inpatient intubations will be evaluated as emergent or urgent. Anesthesiologists will be called for all emergent intubations outside of critical care areas, whereas urgent intubations will be managed at the discretion of any physician privileged in endotracheal intubation.

(B) Purpose of policy

The purpose of this guideline is to ensure prompt, safe respiratory support for all patients with actual or impending respiratory failure. This procedure will provide a pathway for required personnel and appropriate medication selection and administration.

(C) Definitions

1. **Urgent intubation:** Non-life-threatening respiratory compromise that has the potential to become life-threatening if no intervention is provided in the near future.
2. **Emergent intubation:** Life-threatening respiratory compromise requiring immediate intervention.
3. **Standard sedation induction medications:** midazolam, ketamine, fentanyl, morphine, propofol, etomidate (in the absence of any concurrent paralytic agent).
4. **Rapid sequence intubation (RSI) medications:** (located in RSI kit): etomidate, succinylcholine, rocuronium.

(D) Required Personnel

1. Emergent intubation minimum required personnel:
 - a. Two physicians
 - i. At least one physician must be privileged in endotracheal intubation
 - ii. Second physician to administer induction sedation medications
 - b. Registered nurse
 - c. Respiratory therapist
2. If second physician is not present at the time of emergent intubation, nurse will notify a second physician by page or phone that assistance is needed and may only administer induction medications as outlined in nursing section (~~DE~~) until the second physician arrives.
3. Indications for activation of call to anesthesia (intubation may continue to be attempted by a privileged physician until an anesthesiologist arrives):
 - a. Two unsuccessful intubation attempts
 - b. Evidence of emesis or blood in the airway
 - c. Swelling/edema of the face or airway
 - d. Clinician discretion based on history, anatomy, or patient specific factors

(E) Nursing

1. Any nurse who assists during an endotracheal intubation should refer to Mosby's Skill: Endotracheal Tube Intubation.
2. Only nurses trained in rapid sequence intubation can assist with administration of RSI medications during emergent intubations requiring this technique.
3. The scope of practice for registered nurses may include the administration of medications as part of an *emergency* intubation regimen as ordered by an authorized provider who is immediately present with the patient and is actively optimizing the patient's respiratory status, if no other physician is present.

(F) Rapid Sequence Intubation

RSI can only be performed under direct supervision of an attending physician privileged in endotracheal tube intubation.

~~1.~~

1. If RSI is needed and an attending is not present, anesthesia personnel must be called.
2. RSI kits will be kept in the emergency department and ~~MICUs~~ Intensive Care Units (ICU's) only. If RSI is needed in non-critical care areas and an attending and RSI kit are not immediately available, anesthesia personnel must be called.

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Approved by: _____ Daniel Barbee Chief Executive Officer _____ Date _____ Puneet Sindhvani, MD Chief of Staff _____ Date _____ Michael Ellis, MD Chief Medical Officer _____ Date _____ Kurt Kless Chief Nursing Officer _____ Date <i>Review/Revision Completed by:</i> <i>Nursing Administration</i> <i>Hospital Administration</i> <i>Pharmacy</i>	Policies Superseded by This Policy: • <i>None</i> Initial effective date: <i>January 24, 2020</i> Review/revision date: _____ Next review date: _____
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