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MEDICAL ADVISORY COUNCIL
Position Statement

MAC PS 2015-001

Rapid Sequence Intubation (RSI)/Drug-Assisted Intubation (DAI)

Prehospital airway management is currently the focus of intense investigation by EMS researchers throughout the world and presents a challenging topic to definitively address based on the current state of the science. Evidence is conflicting at this time on the risks/benefits of invasive prehospital airway intervention such as endotracheal intubation. However, at this time, several EMS services in Kansas authorize prehospital personnel to perform Rapid Sequence Intubation (RSI) or Drug-Assisted Intubation (DAI) in the field.

Regarding prehospital RSI/DAI, it is the position of the Medical Advisory Council that:

1) Any Kansas EMS system authorizing RSI/DAI should, in the opinion of the service Medical Director, have a demonstrated need for the procedure.
2) Adequate resources for development and maintenance of an RSI/DAI program should be available.
3) The Medical Director should lead the EMS service in the development of a system consistent with the standards established by the 2005 NAEMSP policy statement and the ACEP DAI policy statement written in 2005 and reaffirmed in 2011, including at least the following:
    a. Medical Direction with concurrent and retrospective oversight
    b. Training in proper patient selection
    c. Training in back-up/rescue devices
    d. Standardized protocols for medications administered during RSI/DAI
    e. Resources for continuous monitoring before, during, and after airway intervention
    f. Training and equipment for confirmation of airway device placement
    g. Continuous Quality Improvement, performance review and supplemental training to assure procedure competence and proper patient selection
    h. Research to clarify role and efficacy of RSI/DAI in EMS System
    i. Resources to provide for safe storage and delivery of medications

4) Maintenance of both cognitive and procedural skill is paramount and should include, at a minimum, the program suggested by Cushman et al. in 2010 which demonstrated an increase in the appropriate use of RSI, as well as increases in use of CPAP, chin lift, and

intubation attempts without RSI. This was achieved by implementing the following methods:

a. Providing at least 8 hours of annual continuing education on RSI/DAI by physicians
b. Cadaver lab training
c. Scenario-based simulation
d. Intensive quality improvement and performance reviews
e. EMS Physician review of every prehospital RSI/DAI record with feedback

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