

MWLC EMSS Skills Sheet

Advanced Airway: Drug Assisted Intubation (DAI)

Name:	1 st attempt:	Meets Standard	Does not meet standard
Date:	2 nd attempt:	Meets Standard	Does not meet standard

Instructions: The purpose of this skills sheet is to outline the requirements for Drug Assisted Intubation. **This skills sheet shall be utilized in conjunction with the Endotracheal Intubation (AirTraq) Skills Sheet.** Required items to meet standards are indicated with an asterisk.

Performance standard	1 st attempt	2 nd attempt
NP=Step not performed. 0=Does not meet standard. Unsuccessful; critical or excess prompting; improper technique. 1=Meets Standard. Successful; minimal to no prompting; proper technique.		

* BSI: Gloves, Eye Protection, Respiratory Protection (minimum required)		
*Verbalize the sole indication for DAI: <input type="checkbox"/> Achieve rapid endotracheal intubation in patients with intact airway reflexes.		
*Preparing for procedure: <input type="checkbox"/> Prepares patient per endotracheal intubation skills sheet. <input type="checkbox"/> Prepares equipment per endotracheal intubation skills sheet. <input type="checkbox"/> Ensures patent IV / IO. <input type="checkbox"/> Prepares medication using 6 (of 7) RIGHTS of medication administration: <ul style="list-style-type: none"> <input type="checkbox"/> Confirm absence of allergy. <input type="checkbox"/> Right medication (name / concentration / integrity and sterility / expiration date) KETAMINE 2 mg/kg slow IVP (over one min) or 4 mg/kg IN (NAS) / IM (max 300 mg) OR ETOMIDATE 0.5 mg/kg IVP (max 40 mg) if ketamine contraindicated/unavailable <input type="checkbox"/> Correct dose. <input type="checkbox"/> Correct timing. <input type="checkbox"/> Correct route and site. <input type="checkbox"/> Justified reason. <input type="checkbox"/> Performs Medication Administration Cross Check Procedure per Region IX MWLC EMSS SOP. <input type="checkbox"/> Communicates with team managing BLS airway and pre-oxygenating. <input type="checkbox"/> Ensures someone is ready to perform endotracheal intubation and aware of DAI procedure.		
*Achieving Sedation: <input type="checkbox"/> Medication administered per Region IX MWLC EMSS SOP. KETAMINE (pain dose) 0.25-0.3 mg/kg slow IVP (pain relief + sedation) unless contraindicated OLMC NOT needed for ketamine pain dose added to sedation dose that exceeds max total of 300 mg OR MIDAZOLAM standard sedation dose + FENTANYL (standard dose) if restless/tachycardic (S&S pain) <input type="checkbox"/> Administration of medication is communicated to EMS team. <input type="checkbox"/> Completes 7 (of 7) RIGHT of medication administration: <ul style="list-style-type: none"> <input type="checkbox"/> Documentation 		
* State Precautions <input type="checkbox"/> Inadequate sedation with retained gag reflex may lead to coughing, bucking, excessive salivation, retching, laryngospasm or breath holding.		
* Post-Intubation: <input type="checkbox"/> Patient is monitored per Region IX MWLC EMSS SOP: B/P, pulse, ventilation rate, SpO2, ETCO2, ECG. <input type="checkbox"/> If sedation need identified: utilize sedation per Region IX MWLC EMSS SOP. <input type="checkbox"/> Utilize and document R.A.S.S. scoring for proper sedation.		

Evaluator name, signature, comments:
