Trauma Center Practice Management Guideline
Iowa Methodist Medical Center — Des Moines

**Drug Assisted Intubation (DAI) Protocol**

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<th>ADULT Practice Management Guideline</th>
<th>Effective: 06/2014</th>
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<td>Contact: Trauma Center Medical Director/Trauma Nurse Practitioner</td>
<td>Last Reviewed: 01/2020</td>
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Is DAI Needed?  
(Clinical Assessment)

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YES

Inform team members of plans for DAI

Verify
- Working IV
- Cardiac monitor
- Pulse Oximetry
- End tidal CO₂

Verify
- Meds and dosages
- ET tube with Stylet
- Laryngoscope/suction
- Bag Valve Mask
- Video scope and Stylet

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Preoxygenate 1-2 minutes with 100% FIO₂  
Maintain C-spine neutrality

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**SEDATION**
Etomidate 0.3 mg/kg (usually 30 mg)  
Or  
Versed 2-5 mg

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Cricoid pressure  
(Sellick’s maneuver)  
Maintain until airway secured

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**PARALYTIC**
Succinylcholine 1-2 mg/kg (usually 100-150 mg)  
Or  
Rocuronium 0.5 mg - 1 mg/kg (usually 100 mg)

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WAIT ONE MINUTE  
(or until fasciculation stops)

(Continue to Next Page)
(Continued) Drug Assisted Intubation (DAI) Algorithm

Orotracheal Intubation

Successful

Failed

Verify position
- Auscultation
- End tidal CO₂
- Pulse Oximetry
- CXR

Bag Mask
SpO₂ x 90%
Effective ventilation

Repeated laryngoscopy x 2
More experienced personnel

Experience with surgical airway?

YES

Cricothyroidotomy

NO

King LT

Sedation and Rocuronium