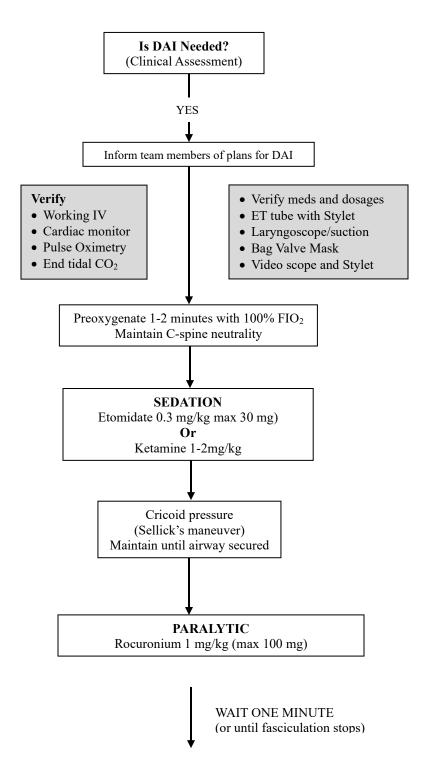
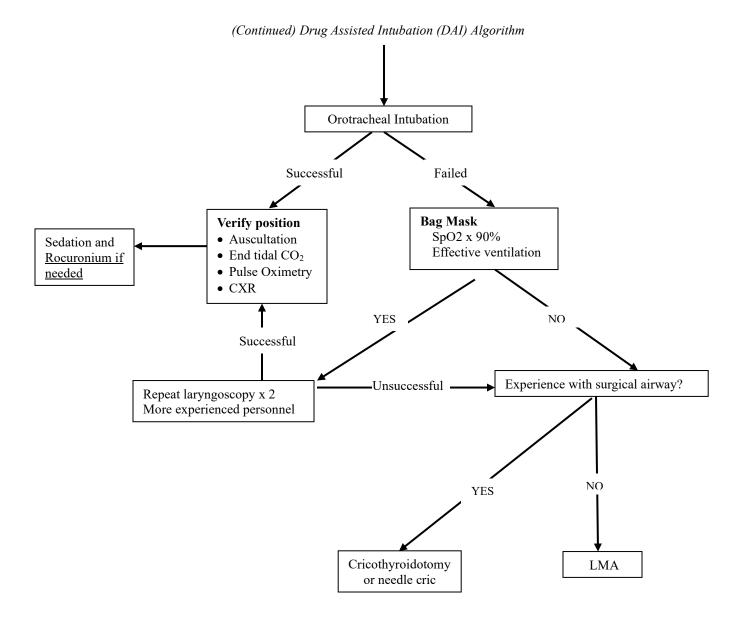
Trauma Center Practice Management Guideline

Iowa Methodist Medical Center — Des Moines

Drug Assisted intubation (DAI) Protocol	
PEDIATRIC Practice Management Guideline	Effective: 03/2024
Contact: Trauma Center Medical Director/ Trauma Nurse Practitioner	Last Reviewed: 03/2024





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PURPOSE

To provide guidelines for definitive airway placement in Trauma patients.

PROCEDURE STATEMENTS

- 1. Indications for DAI
 - A. Airway obstruction
 - B. Hypoventilation (i.e. spinal cord injury)
 - C. Severe hemorrhagic shock
 - D. Severe hypoxemia (despite supplemental O₂)
 - E. $GCS \le 8$ and have inability to maintain airway
 - F. Smoke inhalation or face/upper airway burns with impending airway obstruction
 - G. Cardiac arrest
- 2. Orotracheal intubation (OTI) guided by direct video laryngoscopy is the procedure of choice for trauma patients.
 - A. When the patient's jaws are not flaccid and OTI is indicated, a drug regime should be given to achieve the following clinical objectives:
 - Sedation, as needed
 - Neuromuscular paralysis
 - Maintain normal hemodynamics
 - Prevent vomiting and aspiration
 - Prevent increases in the ICP
 - Prevent increases in intraocular pressure (especially if globe injury)
 - B. To provide the best opportunity for successful emergent airway control the following are recommended:
 - The most experienced team available at that time
 - Pulse oximetry
 - Ability to monitor continuous end tidal CO₂ monitoring after intubation
 - Cricoid pressure (Sellick's maneuver)
 - C-Spine neutrality
 - C. Cricothyroidotomy (needle cricothyroidotomy for children <8) is appropriate when OTI fails. Laryngeal Mask Airway (LMA)is appropriate if expertise in cricothyroidotomy is unavailable.