ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITALTREATMENT GUIDELINES
PRE-EXISTING ENDOTRACHEAL INTUBATION WITH AIRWAY COMPLICATIONS - PEDIATRIC

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.

2. Post-intubation hypotension: Both the process of intubation with positive pressure ventilation (increased intrathoracic pressure) and use of midazolam to support the intubation process can lead to hypotension. In this setting, a preferred first step in management is:

   ► Assess perfusion and blood pressure, if SBP < 80: Give 20 ml/kg (maximum 250 mL) normal saline bolus.

3. In the setting of a dislodged endotracheal tube during transport, advise to suction airway and maintain ventilation with BVM and continue transport.

4. For dislodged tracheostomy tubes, replacement is usually not successful or advised in the field. Rather, advise to ventilate by traditional BVM method while covering the tracheostomy site with a gloved thumb and transport. Refer to PR-05 as necessary.

5. Small children (less than the length of a length-based-tape) are best managed and transported with BVM support of ventilation.

6. Children longer than a length-based-tape or >36kg are appropriate for attempted intubation based on field judgment.

ALS STANDING ORDER

This standing order is for use **when a pre-existing endotracheal tube in a pediatric patient requires continued ventilation support but is having difficulty tolerating an endotracheal tube that is in proper position** (usually reflex coughing or choking).

1. Assess perfusion and blood pressure, if SBP > 80, consider sedation:

   ► *Midazolam 0.1mg/kg (maximum 5mg) IV/IO/IM once.*

2. Re-assess blood pressure, if SBP < 80 after Midazolam:

   ► *Give 20 ml/kg (maximum 250 mL) normal saline bolus and reassess blood pressure.*

3. Monitor oxygenation/ventilation using pulse oximetry and/or waveform capnography.

4. Suction airway as needed.

5. Do not extubate an endotracheally intubated patient after Midazolam sedation.

6. Notify Base Hospital (CCERC preferred) that sedation has been required to support maintenance of intubation ventilation support.

7. ALS escort to nearest facility appropriate for the patient (CCERC, Trauma Center, Burn Center, ERC, etc.) and re-contact Base Hospital as needed.

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Reviewed:
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