



Clarke County Fire and Rescue

Standard Operating Guideline

John H. Enders VFD, Blue Ridge VFD, Boyce VFD, Clarke County Fire, EMS and Emergency Management

Subject: Medication Assisted Induction	SOG: 500.06	Page 1 of 3
Category: EMS – Medication Assisted Induction (MAI)	Sub Category: Medication Assisted Induction (MAI)	
Approved by: Fire and EMS Director, Boyce VFD Chief, Blue Ridge VFD Chief, John H. Enders VFD Chief, Operational Medical Director	Effective Date: October 1, 2018	

Purpose

Medication Assisted Induction (MAI), also referred to as Rapid Sequence Induction (RSI), is an advanced skill used to intubate a critically ill or injured patient who cannot protect their own airway but is conscious, semi-conscious or has a gag reflex. MAI is a methodical procedure in which a patient is prepared, pre-medicated, pre-oxygenated, sedated, chemically paralyzed and intubated. The patient will be ventilated manually and continually sedated in order to maintain the airway and patient comfort.

This SOG outlines the personnel and procedures that should be used in the event this medical procedure is needed.

Definitions

The following definitions have been adopted for use;

- MAI Paramedic (AIC) – A Paramedic in the Clarke County Fire-Rescue system who has met all the requirements to be an authorized paramedic.
- Authorized Paramedic (AP) – ALS providers released to practice independently for at least two years and have received MAI training or have a valid OMD waiver. Paramedics who are authorized to perform MAI should be highly experienced, demonstrate good clinical judgement, and be proficient in intubation and airway management skills, with strong leadership and delegation abilities. MAI Paramedics must be:
 - Authorized to perform the skill by the Operational Medical Director (OMD),
 - Currently Authorization to Practice-Paramedic Level,
 - Surgical Cricothyrotomy Authorization, and
 - Medication Assisted Intubation Authorization forms signed by the OMD.
- Scope of Practice – The procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific

demonstrated competency. In the case of MAI a Paramedic is the only level of care that is authorized to perform this procedure.

- MAI Medication Kit (MAI kit) – Is the kit consisting of all the drugs and supplies needed to complete a MAI. The drugs that Clarke County use are Fentanyl, Ketamine, Rocuronium and Midazolam.

Indicators Who May Require MAI Include:

- Major or Facial/Inhalation Burns with anticipation of airway loss
- Severe Trauma with compromised patient airway
- Trismus
- Status Epilepticus
- Respiratory Distress/Failure- Not Responding to Treatment (GCS<8)
- Deteriorating/Tiring/Impending Respiratory Arrest and unsuccessful to CPAP
- Status Asthmaticus with anticipated airway loss
- Anaphylaxis
- Unconscious/Altered Mental Status and Unable to Protect Airway
- Hangings
- Smoke inhalation
- Stroke Symptoms with Breathing Abnormalities

Procedure

1. The lead provider on the incident (regardless of EMS level) will evaluate the patient for one or more of the indicators listed. If the provider identifies the need for an MAI Paramedic is needed they shall;
 - a. Call of an MAI Paramedic response (unless the provider on scene is a MAI Paramedic)
 - b. Ensure there is a MAI Medication Kit on the scene or on a responding unit.
 - c. Begin the MAI Checklist Procedures up to your skill level (attachment A)
2. If there is an ALS provider who is not an MAI Paramedic;
 - a. Begin ALS Treatments with your skill level and scope
 - b. Begin MAI Checklist
 - c. Establish IV/IO access.
 - d. If the patient improves with treatment, you have sufficient manpower, and MAI is no longer indicated, you may cancel the MAI response.
3. Personnel needed for MAI Procedure;
 - a. MAI Paramedic
 - b. Checklist recorder-can be driver or law enforcement officer if MAI is to be performed on scene.
 - c. Assistant to set up and then ventilate patient-must be EMR or higher
 - d. Second ALS provider (EMT-I or EMT-P) with intubation abilities is preferred but not required.
4. MAI Kit restocking procedures;
 - a. Waste open narcotics/paralytic with RN and document on the MAI drug waste form. Attach patient sticker to waste form.
 - b. Scan and attach waste form to the patient care report.
 - c. A complete patient care report with a patient sticker attached along with the empty drug vials will be taken to the pharmacy at Winchester Medical Center (WMC) for a one to one exchange of all drugs used.
 - d. MAI kit will be inventoried using the MAI kit inventory list and resealed and returned to proper storage location. The new seal number will be recorded in the MAI kit log.

5. If patient is transported to hospital other than WMC;
 - a. Waste open narcotics/paralytic with RN and document on the MAI drug waste form in ImageTrend or in the event of a computer failure use a backup paper form. Attach patient sticker or name to waste form if using a paper form.
 - b. Scan and attach waste form to the patient care report if using paper form.
 - c. A complete patient care report with a patient sticker or name attached along with the empty drug vials will be taken to the pharmacy at Winchester Medical Center (WMC) for a one to one exchange of all drugs used.
 - d. MAI kit will be inventoried using the MAI kit inventory list and resealed and returned to proper storage location. The new seal number will be recorded in the MAI kit log.
6. MAI Paramedic numbering;
 - a. Each MAI Paramedic will be assigned a three digit number with the first digit being the company they are from; 1 (Enders), 2 (County), 4 (Boyce), 8 (Blue Ridge), followed by a 10 number then 11, and so on. Example, Paramedic 212 represents a medic from the County.
 - b. A list with current numbering will be given to the Fire-EMS Director and the Communications Director on or about July 1 of each year.
 - c. Any changes in numbering will be done via memo and sent to each department Chief, the Fire-EMS Director and the Communications Director.
7. MAI Paramedic Response;
 - a. After a unit on scene requests a MAI Paramedic, dispatch will send out an MAI tone to all MAI Paramedics.
 - b. Any available MAI Paramedic will indicate responding via radio with their MAI Paramedic number. Example; "MAI Medic 410 responding".
 - c. If no MAI Paramedic is available, the provider on scene should not delay transport. MAI Paramedics will only be dispatched once, unless otherwise directed by the provider on scene.
8. Documentation;
 - a. A laminated MAI Checklist will be utilized in its entirety.
 - b. The procedure will be documented thoroughly in the patient care report using the reference guide carried in the MAI kit and with the information captured on the MAI Checklist.