MEDICAL DIRECTIVE: ADULT INTUBATION BY REGISTERED RESPIRATORY THERAPISTS

Approved by/Date: MAC - October 13, 2009

Authorized To

This is authorized to the Registered Respiratory Therapists (RRTs) of Lakeridge Health Corporation, who are certified in intubations at Lakeridge.

Medical Directive Description

Intubation in the hospital encompasses all care necessary to deal with sudden and life-threatening events affecting the cardio-pulmonary system, and involves the identification, assessment and treatment of patients in danger of or in a cardiac and/or respiratory arrest. The medical directive is applicable to intubation in the hospital setting as well as intra and inter-hospital transports. The condition of the directive is based on the unavailability of a physician able to intubate or one in which the Respiratory Therapist is the most skilled clinician to perform intubation during a clinical situation where other physician representation may be present.

Patient Description / Population

This directive encompasses any person, 13 years of age or older, found to be in danger of or in cardiac and/or respiratory arrest.

Identify relevant Delegated Control Act or Added Skill associated with this Directive

Intubation is an entry-to-practice skill (neonatal to adult) and falls under a controlled act regulated to Registered Respiratory Therapists in accordance with Controlled Act #3 "putting an instrument, hand or finger into or beyond the point in the nasal passages where they normally narrow or the larynx" (RHP Act, Bill 64, November 1991).

The College of Respiratory Therapists of Ontario dictates that its members should only practice in the areas in which they have the necessary knowledge, skill and judgment to perform an act. The CRTO does not require certification for its members to perform procedures such as intubation; instead it possesses an expectation of competency in the areas in which members practice based on that knowledge, skill and judgment. However, there is an understanding that certification is a requirement of individual institutions and this need supersedes the CRTO's stance on certification.

Specific conditions/circumstances that must be met before the Directive can be implemented

- Cardiac Arrest, and/or respiratory arrest or the presence of one or more of the symptoms that may lead to cardiopulmonary arrest as indicated by rapid deterioration in vital signs, decreasing level of consciousness and abnormal blood gas values.
- Any cause of transient upper airway obstruction where failure to establish a patent upper airway may potentially result in a negative outcome.
- When an endotracheal tube has been accidently displaced and the patient is unable to maintain/protect his/her airway or sustain spontaneous ventilation or maintain adequate oxygenation and/or ventilation (carbon dioxide exchange).

Contraindications to the implementation of the Directive

- The patient or the patient's substitute decision maker (SDM) does not consent to resuscitation. It is either clearly expressed and/or documented in the patient's medical record.
- The Registered Respiratory Therapist is not certified in intubations.
- Patients with known or suspected cervical spine injury (eg. Trauma)
- Patients with known or suspected fixed airway obstructions (eg. Acute epiglottis, congenital anomalies, oropharyngeal tumours)
- Patients haemorrhaging from the oral or nasopharynx

Documentation requirements

- The RRT's implementation of the intubation directive is documented on the Physician order sheet. For all elective intubations, the most responsible physician (MRP) will write an order for intubation to be performed by the RRT.
- The intubation will be documented in the patient's health record and should include airway management devices used such as: airways, ETT size, tube stabilization, suctioning and any complications. It should also include patient monitoring such as: CO2 detectors, pulse oximeter, and airway pressure monitors.
- The RRT will dialogue with the MRP with regard to follow up orders. The physician will assess the patient, the endotracheal tube placement and countersign the medical directive as documented by the RRT on the Physician order sheet.

Review/Evaluation Process (how often/by who)

This medical directive will be reviewed every 2 years by the Respiratory Therapy Council and the Critical Care / Emergency Program.

Related Documents

Intubation Policy Lakeridge Health

References

AARC Clinical Practice Guideline: Resuscitation in Acute Care Hospitals. Respiratory Care (Respir Care 1993; 38: 1179-1188.)

Walls RM, editor-in-chief. Manual of emergency airway management. 2nd ed. Philadelphia: Lippincott, Williams and Wilkins; 2004.

Lynn-McHale Wiegand DJ, Carlson KK, editors. AACN procedure manual for critical care. 5th ed. St. Louis: Elsevier Saunders; 2005.

College of Respiratory Therapists. Scope of Practice

RHPA 1991. 13 Controlled Acts

The Exchange – The College of Respiratory Therapists of Ontario Newsletter. Winter 2006-2007, Volume 14, No.2, page 18.
http://www.crto.on.ca/pdf/exchange-02-07.pdf

Lakeridge Health Corporation. Routine Order: Resuscitation Status Order. May 27/04

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(Main contact – related to the development of the directive)

Approvals and Signatures

Physician Leader: Dr. Fuller Date: August 31, 2009

Program Leader: _____ Date: _____

Program Committee/Council: Respiratory Therapy Council Date: August 25, 2009

CNPC or PPC: _____ Date: September 24, 2009
Chair of CNPC or PPC

Final Approval by: _____ Date: October 13, 2009
Chair of MAC