



Class 3 IFT-Paramedic Treatment Protocol 3904

Paralytic Medication

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This protocol is intended for the patient who has been intubated and medically stabilized by the sending physician. The patient must have had at least one dose of paralytic agent prior to transport. During transfer, the C3-IFT-Paramedic may need to re-administer an approved paralytic medication.

An EMT-B or higher level attendant must be available to assist the paramedic and be physically present in the patient compartment at all times throughout the transport.

- A. Perform **Class 3 IFTA Protocol 9203**.
- B. Treatment:
 - 1. Assess and document endotracheal tube size and depth, and confirm proper placement by auscultation of breath sounds and end-tidal carbon dioxide (ETCO₂) detector.
 - 2. Obtain and document vital signs.
 - 3. Repeat vital signs at least every 15 minutes in the intubated patients receiving paralytic agents.
 - 4. Maintain a bag-valve device (BVD) with appropriate size face mask with the patient at all times during transfer.
 - 5. Document the most recent time of sedative, analgesic, and paralytic agent administration to the patient.
 - 6. Monitor for signs of movement, eye opening, restlessness, spontaneous respirations, or other indications that a repeat dose of paralytic medication is required.
 - 7. If indicated administer the approved paralytic agent as listed below as **ordered by the sending physician**.
 - 8. Never administer paralytic agents without adequate sedation and/or analgesic pain control.



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9. For proper sedation, refer to **Sedation Protocol 3902**.
 10. For proper analgesic medication, refer to **Analgesic Protocol 3901**.
- C. Approved paralytic agent:
1. **Vecuronium (Norcuron)** 0.1 mg/kg IV administered over 30-60 seconds (maximum dose of 10 mg). May be repeated as ordered every 40 – 60 minutes as needed.