STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

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DATE: September 19, 2017

TO: Local EMS Agency Medical Directors
Local EMS Agency Administrators

FROM: Howard Backer, MD, MPH, FACEP
Director

SUBJECT: Phase Out of Pediatric Endotracheal Intubation

At their September 12, 2017 meeting, the Scope of Practice Committee recommended that all California LEMSAs remove pediatric endotracheal intubation from their local optional scope of practice for paramedics and that EMSA remove the practice from our optional scope. This decision followed a comprehensive review of the literature and a lengthy discussion in two Scope of Practice Committee meetings. It was further discussed in the plenary EMDAC meeting where there was general but not unanimous assent. The reason is that pediatric endotracheal intubation is a very low frequency intervention with a high potential for complications and generally negative outcomes compared to less invasive airway interventions. It is extremely difficult for paramedics to maintain this skill. The presentation, developed by J. Joelle Donofrio, DO, on the literature for pediatric intubation is attached.

The Committee did not recommend a firm age cutoff, since the age for transition from childhood to adult anatomy is between 8 and 12 years old. The cut-off will be determined by length—children who fit on a pediatric length-based tape (e.g., Broslow), which corresponds to approximately 40 kilograms.

I concur with the recommendation from the Scope of Practice Committee, and this memo is to notify local EMS agencies that endotracheal intubation for pediatric patients will be removed from the local optional scope of practice for paramedics no later than July 1, 2018.

The July 1, 2018 deadline allows sufficient time for local EMS agencies to revise local EMS protocols, to review alternative available airway devices and methods and provide necessary training to EMS personnel. Alternative advanced airways may include supraglottic airways such as the laryngeal mask airway and the i-Gel airway that are available in pediatric sizes. Since supraglottic airways are not part of the paramedic basic scope of practice, a local optional scope request needs to be submitted to the EMS Authority. A model request is being developed by EMDAC members.

Local EMS agency protocols may continue the procedure to visualize the airway with a laryngoscope and remove a foreign body with Magill forceps, which is part of the paramedic basic scope of practice.

An exclusion path for flight paramedics and potentially for critical care paramedics will be determined at a later date.

If you have any questions, please contact Sean Trask of my staff by email at sean.trask@emsa.ca.gov or by phone at (916) 431-3689.