



Date: October 26, 2007

Advisory 07-11

To: All Monroe-Livingston Agencies

From: Manish N. Shah, MD, MPH, Regional Medical Director  
Rollin (Terry) Fairbanks, MD, EMT-P, Chair – REMAC

Two handwritten signatures are present. The top signature is in cursive and appears to be "Manish N. Shah". The bottom signature is also in cursive and appears to be "Rollin (Terry) Fairbanks".

Re: Capnography

It is the responsibility of the REMAC and the Regional Medical Director to ensure the best possible care for all patients. As different technologies become available in the prehospital setting, policies must be reviewed and updated to reflect this. It has been determined that waveform capnography is currently the best means of identifying if an endotracheal tube is positioned correctly and accurately reflects when a tube becomes dislodged. Last month, the State Advisory Committee (SEMAC) discussed capnography and agreed that it is now the standard of care for endotracheal tube verification and will be asking all REMACs to make changes to their protocols to reflect this.

After discussion at the September meeting, the Monroe-Livingston REMAC met on October 15, 2007 and voted to support the following change to REMAC airway management protocols which will take effect for the 2009 protocol edition:

- Following intubation, verify placement with continuous waveform capnography.
- An esophageal detector device or colorimetric detector may only be used for secondary confirmation due to equipment failure or clinical concern for the accuracy of the capnogram.
- Continued waveform monitoring is required post-intubation to monitor for tube displacement.

Therefore, beginning April 1, 2009 all intubations performed by an ILS or ALS provider in the Monroe-Livingston region will require verification and documentation of endotracheal tube placement using waveform capnography. If an agency is unable to meet this requirement, intubation may not be performed after March 31, 2009. Such a requirement continues this region's progressiveness in the highest quality clinical care. By supporting such a measure now, the REMAC wishes to ensure agencies have adequate time to plan for this regional requirement. It is strongly encouraged, however, that agencies begin using waveform capnography before the April 1, 2009 protocol effective date.