



American College of  
Emergency Physicians®

ADVANCING EMERGENCY CARE 

# POLICY STATEMENT

Approved February 2018

## *Rapid-Sequence Intubation*

Reaffirmed February 2018,  
April 2012, October 2006,  
and October 2000

Originally approved September  
1996

Rapid-sequence intubation (RSI) is an important technique for airway management of patients in the emergency department and is in the domain of emergency medicine practice. RSI is defined as a technique where a potent sedative or induction agent is administered virtually simultaneously with a paralyzing dose of a neuromuscular blocking agent to facilitate rapid tracheal intubation. The technique includes specific protection against aspiration of gastric contents, provides excellent access to the airway for intubation, and permits pharmacologic control of adverse responses to illness, injury, and the intubation itself. The American College of Emergency Physicians recognizes the role of RSI in modern emergency care and supports the following principles.

- Physicians performing RSI should possess training, knowledge, and experience in the techniques and pharmacologic agents used to perform RSI.
- Neuromuscular blocking agents and appropriate sedative and induction agents should be immediately available in the ED and accessible to all physicians who perform RSI in the ED.
- Quality review and patient monitoring should be addressed when policies about RSI are developed in the ED.