

Meeting Minutes

Clinical Practices Subcommittee of the AR EMS Advisory Committee

April 20, 2026

The [EMS rules](#) were discussed in the context of updating the language regarding Rapid Sequence Intubation. On page 38, Section VII.B.1., it states the following:

“Paramedic Services approved to provide Rapid Sequence Intubation (RSI) must first apply for approval and meet all Department of Health RSI requirements. Approval must be granted by the Department before implementation of the skill or utilization of protocol. Paramedics are allowed to use paralytics to maintain the paralysis of an already intubated patient if approved by medical direction.”

The last sentence has led to some confusion regarding whether paramedics are allowed to use these paralytics outside of the approval from the Department of Health. The original intent was that this skill be restricted to only those EMS agencies and its EMS providers who have been approved by the Department of Health to perform RSI, and therefore this requires the following proposed revision:

*“Paramedic Services approved to provide Rapid Sequence Intubation (RSI) must first apply for approval and meet all Department of Health RSI requirements. Approval must be granted by the Department before implementation of the skill or utilization of protocol. **For EMS services and their EMS providers approved for RSI by the Department**, paramedics are allowed to use paralytics to maintain the paralysis of an already intubated patient if approved by medical direction.”*

Additionally, we discussed the [Pharmaceutical Assisted Intubation \(PAI\) Guidelines](#), with the following items up for review:

- 1) On page 3, under “Implementation of a PAI Protocol,” it was discussed that the second bullet point regarding PAI protocols being limited to patients 8 years of age and older, that we discuss allowing PAI across the entire age spectrum, if indicated, for those EMS services and their EMS providers approved to perform PAI.
 - a. This would require strengthening language throughout regarding the dedicated pediatric training with pediatric airway manikins, pediatric simulation, and increasing the frequency to quarterly skills, improved medical director involvement in training curriculums and skills verifications, and updated monthly and semi-annual reporting requirements.
 - b. This would not be restricted to just paramedics working in a flight or critical care environment, but would apply across all licensed paramedics who are employed at agencies who have PAI protocols and willing to train and credential their paramedics.

- 2) On page 4, under “PAI Requirements,” we proposed correcting the due dates for semi-annual report to “April 1st and October 1st,” instead of “April 1st and September 1st,” which is incorrect.
- 3) On page 8, under “PAI Procedure, Assessment, Preparation, and Management,” Section G.1., it states “end-tidal CO2 (EtCO2) monitoring,” and it was suggested to add “**continuous four-phase waveform** end-tidal CO2 (EtCO2) monitoring” into the language to indicate the preference for quantitative waveform capnography over qualitative color capnometry.

There will be a follow-up virtual Teams meeting on Monday, May 18th at 10am CST to further discuss these changes above, look at the proposed language updates, and prepare the final updates in time for full Committee review before our next meeting on June 17th.

Please submit any public comment regarding these proposed updates to adhemsac@arkansas.gov.