

# [Free research paper about drug assisted intubation](https://assignbuster.com/free-research-paper-about-drug-assisted-intubation/)

[](https://assignbuster.com/)[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/), [Healthcare](https://assignbuster.com/essay-subjects/health-n-medicine/healthcare/)

## Abstract

Drug assisted intubation refers to a special way wherein the health care specialists use tube like apparatus with a set of given procedures to support patients’ lives especially, in the case of emergency to allow room for endotracheal intubation. This is a special procedure that requires a skill of expert trained personnel and more so applicable at the pre-hospital stage or rather rescue site where individual face the problem of respiration system failure (tracheal failure). This report will discuss how drug assisted intubation is carried out in a given healthcare environment. It will assist the medical staff in carrying out these procedures in a better way.

## Introduction

Emergency medical services (EMS) involves tragic accidents or chronic disease incidence to which suppressed ability of the respiratory system to function normally is suppressed (Davies, Cartwright & Inglis, 2008). This makes the process precious and critical as it defines the existence or end of life within that stated time. This therefore clearly suggests a failure in the process of normal gaseous exchange which if not closely monitored with priority will automatically lead to death (Guy, 2011).   
Considering the distance from the scene of accident to the nearest hospital in most cases calls for a first aid for the victims as they are rushed to the health facility for further care and treatment. Drug assisted intubation is hence a means to which a powerful first aid is offered to those individuals with tracheal problems like tracheal collapse to allow proper endotracheal intubation thereby saving lives which would otherwise have been lost.   
The incorporation of drug assisted intubation with the Emergency medical services (EMS) take place at the pre hospital stage of care when evident lack more comprehensive and adequate means to which individual can be supported and recovered from a disturbed process of gaseous exchange success. It is a means that is in most cases referred to as a treatment process by the paramedics saving the situation from going in further to more complications (Cameron et. al, 2014).   
This is so because the various incidences have shown a total recovery out of the use of the first procedure. It is however renown as the first alternative which if it gives a positive impact means saving time and resources that would have been incurred in seeking the service at the health care facility.

## Discussion

In many cases, emergency medical services occur in different geographic setting. Citing from the identified incident in North America integrating the Emergency medical care services with the drug assisted intubation forms a strategic means that extends service and care delivery to even low levels of health care facilitation.   
The cases where trauma is cited is a good expel that can clearly depict the need to having this services (Fleisher & Ludwig, 2010). Also where in some cases marine rescue necessitates the need to having the drug assisted intubation to ensure recovering of the impaired tracheal track where it is possible hence saving as much lives as possible.   
Emergency medical services consists majorly of paramedics with basics in health care practice. However, as a means to rescue more lives whenever need for emergency arises, these individuals are found to have a better skill and understanding on the same other than transporting the victims only.   
As defined by the National Association of Emergency Medical Service Physicians, other than transporting the injured to the facilities for further care and treatment, the critical role of every paramedic is to act prudently towards saving every single life encountered to be in need of an emergency services such as the basic life support and first aid (Guy, 2011).   
Most of the encountered emergency medical services are related to the tracheal impairment. According to the study at the American college of Emergency (ACEP), research finding indicates that 70 percent of the reported emergency medical services attended are evidently related to the tracheal and airway impairment. Regardless of the cause of the problem, ranging from the diseased to those involved in tragic accidents to those suffering from stroke the level of emergency to which opening up of the airway is always rated a priority (Cameron et. al, 2014).   
The integration of life advanced support to the Emergency medical services marks a means to saving the critically ill lives. It offers and advanced high above the basic life support level where its training are part of the drug assisted intubation (Fleisher & Ludwig, 2010). This a means to devolving health care management as well as delivery to those individuals who lack means to access the services by all available means.   
It offers early warnings such as recalling prior detection and advising accordingly on those who do not understand the urgency it deserves for action to be taken hence providing more of preventive than curative services (Wiener et al., 2012).   
According to the American College of Emergency and Physicians, though the procedure is critical to those patients facing a breathing problems, it should be abused or confused to be a mandatory pre-hospital procedure that is mandatory to all of its clients. It calls for a clear direction and the decision of the health care medical directors to go for this procedures through following the given protocols, (Guy, 2011).   
This is so because over the recent past incidence of medical errors due to rush for this drug assisted intubation has claimed many lives rather than saving. The main reason for this advocacy hence is to minimize this errors through directing the powerful medical procedure. It will be directed to those who have the correct skill and adequate tools to perform it while discouraging the other medical care facilitators.   
The history of emergency medical services traces back to the past when medical practice has full dependences amongst its departments. The existence of drug assisted intubation was interpreted to be only effective where the emergency service are. In this regard, the long practiced exercised made the process normal and eventually a normal routine to the practice in care (Davies, Cartwright & Inglis, 2008).   
Eventually, the medical field practitioners incorporated with the paramedics and work coherently towards sharing ideas and skill hence the current occurrence. According to the ancient review to the emergency services it is clearly noted that services in any health care setting were cumulatively held as one unit unlike the current world where every unit has its specialized division for specialized care and treatment.   
It is from derivative that the myth of healthcare evolution has not completely evolved and hence the use of tools, machines and personnel are still shared amongst these two specialists (Cameron et. al, 2014). The paramedics and the doctors have retained that traditional model of health care provision majorly known as contemporary medicine in practice. However, today the use of combined services is quite dependent on the state and varying outcome is evident from one end to the other.   
Even, the nursing staff seems to be learning a lot from the recent developments in the field of medicine and healthcare. In order to respond to the Emergency Situations, the nurses are trained specially on the modules of leadership and management. They are guided on how to act in a given situation of emergency so that they can treat the patients in a better way.   
They provide all the necessary medical support to the patients in need (Guy, 2011). They even provide assistance to the family members of the patients, so that they do not panic and instead can have faith in them. It has thus become necessary for the nurses and the medical staff members to learn the aspects of Leadership and Management (Fleisher & Ludwig, 2010).   
During the time of emergency, they can share the resources, collaborate with each other, and provide necessary support in order to boost the efficiency of the organization as a whole. Drug assisted intubation is one such way through which the nurses can provide all the medical assistance to the patients in a given medical way (Guy, 2011).

## Conclusion

In conclusion, despite the good deeds, the drug assisted intubation has on the Emergency medical services, there is a need to identify who has a better skill on the same to avoid unintended errors that leads to possible deaths. Integrating the two services forms a strong as well as health foundation through which health care is made of importance to many (Davies, Cartwright, & Inglis, 2008). It is important for the medical practitioners and the medical staff to provide quality medical services to the patients.   
It is therefore the role of any government in different countries through the great assistance from the world health organization (WHO) to come up with the standards and strategies that will have the exercise a success life saver rather than a threat. This will hence involve training sufficient personnel, availing sufficient equipment for use and formulating policies that will guard the practice through the legal process hence maintaining proper practice among health workers with failing the role and duties for every individual.

## References

Cameron, P., Jelinek, G., Kelly, A., Brown, A., and Little, M. (2014). Textbook of Adult Emergency Medicine. London: Elsevier Health Sciences UK.   
Fleisher, G., and Ludwig, S. (2010). Textbook of pediatric emergency medicine. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins Health.   
Guy, J. (2011). Pharmacology for the prehospital professional. Sudbury: Jones & Bartlett Learning.   
Davies, M., Cartwright, D., and Inglis, G. (2008). Pocket notes on neonatology. Sydney, N. S. W.: Elsevier Churchill Livingstone.   
Wiener, C., Brown, C., Hemnes, A., & Harrison, T. (2012). Harrison's principles of internal medicine. New York: McGraw-Hill Medical.