EMS SPECIAL MEMORANDUM #26-003

TO: All EMS providers and stakeholders

FROM: Marc Gautreau, EMS Medical Director

DATE: July 8, 2026

SUBJECT: Interim Modification to the Cardiac Arrest Management (CAM) Treatment Guideline – Timing of Endotracheal Intubation

Effective immediately, the Cardiac Arrest Management (CAM) Treatment Guideline is modified to permit consideration of endotracheal intubation (ETI) after approximately six rounds of chest compressions during adult non-traumatic cardiac arrest resuscitations.

Historically, the CVEMSA CAM guideline has discouraged endotracheal intubation during active resuscitation efforts unless airway compromise inhibited oxygenation. The emphasis being high-quality CPR, early defibrillation, appropriate medication administration, and the use of supraglottic airway devices when advanced airway management was necessary. Endotracheal intubation was generally deferred until return of spontaneous circulation (ROSC) had been achieved.

Following review of current evidence, local practice patterns, and discussions with regional stakeholders, the EMS Medical Director believes there may be a benefit to allowing endotracheal intubation earlier in the resuscitation process once the initial priorities of cardiac arrest management have been addressed.

This modification is intended to balance two important principles:

1. Maintaining the system's commitment to high-performance CPR and minimizing interruptions in chest compressions.
2. Allowing appropriately timed endotracheal intubation when it can be performed without compromising resuscitation quality.

The recommendation to delay ETI until approximately six rounds of chest compressions recognizes that the earliest phases of resuscitation should remain focused on interventions most strongly associated with survival, including:

- High-quality chest compressions
- Minimizing interruptions in CPR
- Early defibrillation when indicated
- Effective ventilation and oxygenation
- Timely medication administration

Once these priorities have been established and resuscitation efforts are proceeding in an organized manner, ETI may be considered at the discretion of the paramedic and resuscitation team.

Providers are reminded that:

- Endotracheal intubation is not required during cardiac arrest resuscitation.
- Supraglottic airway devices remain an acceptable and effective airway management option.
- Airway management decisions should be based on patient needs, crew capabilities, and the ability to avoid significant interruptions in chest compressions.
- Any intubation attempt that could result in prolonged interruption of CPR should be deferred until compressions can be maintained.

The EMS Agency will continue to monitor cardiac arrest quality metrics, airway success rates, CPR quality measures, and patient outcomes following implementation of this change. Additional revisions may be made as local data and experience warrant.

Thank you for your continued dedication to providing exceptional resuscitative care to the communities we serve.

COASTAL VALLEYS EMERGENCY MEDICAL SERVICES AGENCY

MAIL: 463 AVIATION BLVD, SUITE 100, SANTA ROSA CA 95403 |**TEL:** 707.565.6501| **FAX:** 707.565.6510

COASTALVALLEYSEMSAGENCY@SONOMA-COUNTY.ORG

WWW.CVEMSA.ORG