**MMH-ED RSI Checklist**

**Challenge(?) --------- Response ✓**

**Prepare TEAM**
- Team Leader
- 1st Intubator
- Backup Intubator
- Airway Assistant (w/ ELM)
- Drug Provider
- C-spine Immobilization?
- Briefing
- Questions/suggestions

**Prepare PATIENT**
- Oxygenation (Pre and Apnoeic)
- Position Optimized
- Airway Assessment
- Vascular Access
- Monitoring

**Prepare EQUIPMENT**
- Suction
- Oxygen (NC +/- Mask)
- BVM w/ PEEP
- Laryngoscope (x2)
- ET Tube (x2) w/ syringe
- Bougie and loaded stylet
- ET CO2
- Glidescope
- Rescue Equip (LMA/cric)

**Prepare DRUGS**
- Induction Agent
- Paralysis Agent
- Other Medications

**Prepare for FAILURE!**
- Backup Plan
- Help Needed?

**Difficulty?**

- Backup Plans...
  - A,B,C,D...
- Check Difficult Airway Algorithm

**Help?**
- ED FACEM- *3703
- ICU Reg- *3103
- Charge Nurse- *3742
- Airway Emergency Call- 888
- Anaesthetics Supervisor- 93-8725

**Sedative**
<table>
<thead>
<tr>
<th>Dose</th>
<th>“typical” dose for 70kg pt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Etomidate</td>
<td>0.3mg/kg 20mg</td>
</tr>
<tr>
<td>Ketamine</td>
<td>2mg/kg 100-200mg</td>
</tr>
<tr>
<td>Propofol</td>
<td>1-3mg/kg 100-200mg</td>
</tr>
<tr>
<td>Thiopental</td>
<td>1-5mg/kg 50-350mg</td>
</tr>
</tbody>
</table>

**Paralytic**
<table>
<thead>
<tr>
<th>Dose</th>
<th>“typical” dose for 70kg pt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rocuronium</td>
<td>1.2mg/kg 70-100mg</td>
</tr>
<tr>
<td>Suxamethonium</td>
<td>1.5-2mg/kg 100-200mg</td>
</tr>
</tbody>
</table>

**Post Intubation Care**
- Pain control
- Sedation
  - Paralysis +/-
- NG Tube
- CXR
- Ventilator

**Debrief**
- Suggestions/ Improvements
- Complete Airway Audit

Contact with questions- Andrew.Brainard@middlemore.co.nz  V22/04/13
Preparing the TEAM

- **Team Leader:**
  Wears jacket, introduces self, introduces team
  Runs resus
  Delegates roles and tasks.
  Assigns person to lead checklist.

- **1st and Backup Intubators:**
  Roles are clearly identified
  Team leader can be backup or primary

- **Airway Assistant:**
  Understands role, equipment
  Understands External Laryngeal Manipulation (ELM)

- **Drug Provider:**
  Assures access
  Understands drugs

- **Briefing:**
  Should include checklist, roles, planned sequence of actions, drugs, and backup plans

- **Questions:**
  If needed, team members should:
  Ask questions
  Offer suggestions
  Clarify roles
  Stop dangerous practices

Preparing the PATIENT

- **Preoxygenation/Apnoeic Oxygenation**
  - Nasal Cannula w/O2
  - O2 as high as tolerated (>15Imp)
  - Mask (BVM or Face Mask) over Nasal Cannula
  - O2 > 15Imp
  - NIV- (BVM-w/PEEP/BIPAP/Vent) if SaO2<92%
    - Leave Nasal Canula w/O2 >15lpm on pt during intubation

- **Position Optimized**
  - Head Up 20°
  - Ear-to-ternal notch level
  - Ramped / Sniffing
  - Face parallel with ceiling
  - Bed height correct
  - ~zyphoid

- **Airway Assessed**
  - L- Look (trauma/deformity)
  - E- Evaluate the 3-3-2
  - O- Obstruction/Obesity
  - N- Neck Mobility (c-collar)

- **Vascular Access**
  - IV/O (x2)
    - If only IM use double-dose ketamine/sux

- **Monitoring**
  - 1st: Sat O2 (on arm opposite of CP Cuff)
  - 2nd ET CO2, tested, screen visible, on BVM
  - 3rd: BP cuff, ECG leads

Prepare EQUIPMENT

- **Use Setup Aid (above)**
- **Suction**
  - Turn on and test
  - Place under Pt’s shoulder
- **Oxygen**
  - Nasal Cannula (on pt w/ O2)
- **Bag Valve Mask**
  - Check O2
  - Check PEEP valve
- **Laryngoscope (x2)**
  - Test lights
  - 2nd sized blade ready
- **ET tubes (x2) w/syringe**
  - Lubricate cuff
  - Lubricate stylet
  - Inset stylet in ETT
  - Straight-to-cuff + ~30° bend at cuff
- **ET CO2**
  - Attach to BVM
  - Test waveform
- **Backup equipment located**
  - LMA
  - Glidescope
  - Scalpel/Cric Kit