Rapid Sequence Induction Checklist



PATIENT

Airway Assessment Identify cricothyroid membrane Previous anaesthetic problems? **Position Patient** • 25° to 30° head up • "Sniffing" position 2 x IV access/IO access Flushed and working Preoxygenation • At least 15 lit Oxygen for >3mins Consider CPAP/NIV • Nasal O2 **Optimise Physiology** and Positioning • Fluids/vasopressors/inotropes • Aspirate NG

TEAM

EQUIPMENT (SOAP ME)

Suction
Oxygen
• BVM, 15L/min
PEEP Valve
• Alternate O ₂ source attached
Airway
• Laryngoscopes x 2
• ETT x 2
Bougie/stylet
• OPA
• 20ml syringe, tube tie
• Filter, catheter mount
Pharmacological Agents
• Induction – opiate, induction
agent, paralytic
• Emergency Drugs – atropine, vasopressor
Ongoing anaesthesia
Fluids Attached
Monitoring
• SpO2, ETCO2, NIBP, ECG (read out observation)
Emergency
Rescue airway trolley

PLAN

Airway Plan
1. Plan A Drugs, tube size, dose & volume, laryngoscopy (direct/indirect)
2. Plan B/C Supraglottic airway Face mask
3. Plan D FONA Scalpel-bougie-tube
Does anyone have any questions or concerns?

Indication for RSI: ☐ Inability to maintain ☐ Inability to protect th ☐ Failure to oxygenate ☐ Anticipated deteriora	ne airway against aspiration or ventilate		Drug	Dose		
Airway Doctor:	 					
Airway Assistant:	ed): ccessful?			re prescribed on the medicines kardex*		
Attempt Number:		Laryngoscopy Grade:(document in patient record)				
Any adverse events?						
Tube secured at:	_ cm at lips	n CXR:				

Patient weight:

Time:

Date: