

# Mona Vale Hospital Emergency Department Adult RSI checklist

*Difficult airway features? Upper Airway obstruction? - consider calling anaesthetist*

## 1. Patient preparation



- Position - ear to sternal notch alignment ☐
- Intravenous / osseous access x 2 ☐
- Fluid connected on pump set, runs easily ☐
- BP cuff on contralateral arm, set to 5 min recording ☐
- ECG monitoring ☐
- SpO2 ☐
- End tidal CO2 connected to bag-mask, HME filter, catheter mount ☐

## 2. Oxygenation strategy

- Pre-oxygenation in place (BVM Or NRB mask 15 l /min Or CPAP 10 cmH<sub>2</sub>O) ☐
- PEEP valve connected to BVM ☐
- Nasal prongs on at 15 l/min ☐
- 3 wall mounted piped Oxygen deliveries available ☐

## 3. Airway equipment

- Direct Laryngoscope ☐
- C-MAC Video Laryngoscope ☐
- Bougie ☐
- Stylet ☐
- Two tubes with cuffs checked ☐
- Syringe ☐
- Tube tie ☐

## 4. Rescue Devices

- Suction checked & second suction considered ☐
- Oral and nasal airways available ☐
- Laryngeal mask sized and available ☐
- Cricothyroidotomy equipment available ☐

## 5. Drugs

- Induction agent dose drawn up ☐
- Induction neuromuscular blocker dose drawn up ☐
- Post intubation neuromuscular blocker dose drawn up ☐
- Post intubation analgesia available ☐
- Post intubation sedative available ☐

## 6. Team Brief

- Difficult laryngoscopy / failed intubation plan discussed ☐
- Roles allocated:
  - airway assistant ☐
  - external laryngeal manipulation ☐
  - drugs ☐
  - cervical immobilisation (trauma - remove collar, place occipital pad) ☐

*"Checks complete. Anaesthetising at.....hrs"*

**COMPLETE RSI AUDIT FORM FOR ALL INTUBATIONS**