

# RSI (Rapid Sequence Induction) Checklist: to be done with the whole team present

## Prepare the patient

- Reliable IV / IO access**
- Optimise position**
  - Sit-up?
  - Mattress hard
- Airway assessment**
  - Identify cricothyroid membrane
  - Awake intubation option?
- Optimal preoxygenation**
  - 3 mins or  $ETO_2 > 85\%$
  - Consider CPAP / NIV
  - Nasal  $O_2$
- Optimise patient state**
  - Fluid / pressor/ inotrope
  - Aspirate NG tube
  - Delayed sequence induction
- Allergies?**
  - ↑ Potassium risk?  
- avoid suxamethonium

## Prepare the equipment

- Apply monitors**
  - $SpO_2$  / waveform  $ETCO_2$  / ECG / BP
- Check equipment**
  - Tracheal tubes x 2  
- cuffs checked
  - Direct laryngoscopes x 2
  - Videolaryngoscope
  - Bougie / stylet
  - Working suction
  - Supraglottic airways
  - Guedel / nasal airways
  - Flexible scope / Aintree
  - FONA set
- Check drugs**
  - Consider ketamine
  - Relaxant
  - Pressor / inotrope
  - Maintenance sedation

## Prepare the team

- Allocate roles**  
One person may have more than one role.
  - Team Leader
  - 1<sup>st</sup> Intubator
  - 2<sup>nd</sup> Intubator
  - Cricoid force
  - Intubator's assistant
  - Drugs
  - Monitoring patient
  - Runner
  - MILS (if indicated)
  - Who will perform FONA?
- Who do we call for help?**
- Who is noting the time?**

## Prepare for difficulty

- Can we wake the patient if intubation fails?**
- Verbalise "Airway Plan is:"**
  - Plan A:**  
Drugs & laryngoscopy
  - Plan B/C:**  
Supraglottic airway  
Face-mask  
Fibreoptic intubation via supraglottic airway
  - Plan D:**  
FONA  
Scalpel-bougie-tube
- Does anyone have questions or concerns?**

### For all intubations outside of theatres consider contacting anaesthetics: PRH

- PRH Airway bleep 6442 / 6010
- ODP bleep 6118
- Or 'Anaesthetic emergency call' via switchboard 2222