

B@EASE Rapid Sequence Induction Checklist

B @ E A S E

B R I E F

Equipment

Airway Equipment

- Oxygen/ Guedel/ NP airway
- Bag valve Mask & Circuit
(Waters or Ayres T-piece)
- etCO2 attached to HME/Catheter Mt.
(Use during preoxygenation)
- 2 working laryngoscopes
- Videolaryngoscope
- Tubes
 - (2 Adults, 3 Paeds)
- Suction on
- Lubricating Jelly/Bougie/Stylet
- Syringe/Tube fixation

Drugs

- Induction, Muscle relaxant & Emergency drugs drawn up
- Infusions ready
 - (Sedation/Inotropes)

Monitoring Equipment

- etCO2 – waveform seen
- BP – Cycling
- ECG
- SPO2

Airway/Anaesthesia

Physiology Optimised

- Airway assessed
- IV access location(s)
- Fluid running

Positioned Appropriately

- Bed tips and height adjusted
- Manual in-line stabilisation required?
- Ear to Sternal notch in horizontal alignment

Pharmacology Plan

- Drugs checked and labelled
- Verbalise Drug doses (mg/kg)

Difficult airway trolley

Defibrillator location

Staff

Check correct PPE

Allocate roles e.g

Team leader

Intubator (1st / 2nd)

Airway Assistant

?Cricoid

Drugs

Runner



Emergency Plan



Anticipated difficulty?

**Verbalise
Oxygenation/
Intubation &
Ventilation plans**
(see overleaf if necessary)

Plan A

Plan B

Plan C

Plan D

Post Intubation Plan

- Ventilator set up checked
- Infusions connected
- CXR requested
- Gastric tube required?

Further help available from Bleeps :

How to use the B@EASE Rapid Sequence Induction Checklist

Step ONE: Quick Team Brief at decision to RSI

Minimum of 3 people

Remember TEAM INTRODUCTIONS

Use the checklist at this point as an aide-memoire to organise the equipment and prepare the patient

Use a reliable source of information for drug doses and intubation guidelines.

Paediatric drug doses are available on www.crashcall.net

The Difficult Airway Society produce adult & paediatric airway guidelines

Consider cardiovascular status together with the risk of awareness when choosing an induction agent & dose.

Step TWO: Use the Checklist prior to Induction

When everything is ready, and whilst the patient is being pre-oxygenated, the Team Leader reads the whole checklist out just prior to drug administration

Each box requires an answer, either "Yes/No" or a brief comment

For example:

Q - "2 working Laryngoscopes"

A - "Yes"

Q - "Manual In-line Stabilisation Required"

A - "Not required"

Q - "Verbalise Drug Doses and Volumes"

A - "___mg/Kg Induction agent = ___mg = ___mls "

Q - "Intubator (1st/2nd)"

A - "Dr X / Dr Y"

Use the aide on the right if necessary to structure "verbalising your plan" for failed ventilation/intubation

Step THREE: After the RSI, consider a team debrief

AIRWAY ASSESSMENT

We do / do not anticipate difficulty in Oxygenation / Intubation

A Senior Anaesthetist is present / available via _____

ENT are present / unavailable / available via _____

PLAN A

The Initial Intubation plan is _____

Describe the technique you have decided is appropriate & how you will ensure oxygenation is maintained throughout

e.g. Is CPAP needed to adequately pre-oxygenate? Use of Nasal Cannulae?
Is gentle ventilation before/between attempts acceptable?
Size & type of laryngoscope, bougie, video/fibreoptic technique etc..

PLAN B

If Failure to Intubate, we will ensure Oxygenation and then

WAKE THE PATIENT UP Or _____

e.g. - Site an LMA (or alternate SAs) & if successful use a secondary intubation technique
(If having further attempts—discuss how the patient will be kept asleep)

PLAN C

If Failure to oxygenate after PLAN A or PLAN B we will

Prioritise Oxygenation by reverting to a facemask

If Oxygenation is then successful, the plan is to _____

e.g. — Wake-up or use a secondary intubation technique

PLAN D

If Oxygenation is unsuccessful at any point we will declare

CAN'T INTUBATE CAN'T VENTILATE

And follow the adult/paediatric CICV guidelines.

If necessary Dr _____ will attempt a cricothyroidotomy using a Cannula/ or a Surgical Technique (state which)

The kit for this is located _____