

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 preoxygenated, 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:

Α

- Q "2 working Laryngoscopes"
 - "Yes"
- Q "Manual In-line Stabilisation Required"
- "Not required" Α
- Q "Verbalise Drug Doses and Volumes"
- " mg/Kg Induction agent = mg = mls " Α
- 0 - "Intubator (1st/2nd)"
- "Dr X / Dr Y" Δ

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

ATRWAY 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 SAD) & 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.

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

The kit for this is located

B@EASE checklist by H Eason.

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Content/references available from www.rapidsequencechecklist.com