Royal Hospital for Sick Children Rapid Sequence Induction Checklist

| Planning | Check |
|--|-------|
| RSI indicated? | |
| ABCD and LEMON | |
| Patient Preparation | |
| Previous grade of intubation? | |
| Patient fasting status? | |
| Pass NG & aspirate | |
| Pre-oxygenate | |
| Patient condition optimised | |
| Positioning of patient (shoulder roll/pillow) | |
| C-spine immobilisation if required | |
| IV/IO 1x access patent, with free running fluids | |
| Equipment Preparation | _ |
| Monitoring visible and audible to the team leader including: | |
| • SaO ₂ | |
| • ETCO ₂ | |
| • ECG | |
| BP cycling every 1 minute | |
| Yankeur suction working and accessible to right side of airway | |
| Trolley able to tilt | |
| ETT x 2 appropriate size +/- 0.5 | |
| ET cuff checked and lubricated | |
| 10ml syringe for ET cuff | |
| 2 working laryngoscopes – with blades of team leaders choice | |
| Tinc Benz & Tapes | |
| T piece & mask, catheter mount | |
| Filter | |
| Stethoscope | |
| McGill's | |
| Bougie +/- stylet | |
| Guedel/nasopharyngeal airway/LMA/Surgical airway kit | |
| accessible | |
| Drugs | |
| Suxamthonium 1.0 – 2mg/kg | |
| Induction agent selected and prepared | |
| Emergency Drugs – adrenaline, atropine | |
| Modification to standard drug dosages | |

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| Team Preparation | Check |
|--|-------|
| Assign roles: | |
| Team leader | |
| • 1 st Intubator | |
| • 2 nd Intubator | |
| Cricoid Pressure | |
| Intubator's Assistant | |
| • Drugs | |
| NG aspirator | |
| CPR (if required) | |
| Team briefing including preparation for failed intubation, consider: | |
| ENT/anaesthetic presence required? | |
| Post Intubation | |
| Check ETCO2, air entry bilaterally, BP satisfactory | |
| Maintain anaesthesia & paralysis, consider analgesia | |
| If problems consider D.O.P.E | |
| D: dislodged ETT | |
| 0: Obstruction (blocked tube, tube at carina/down RMB or blocked | |
| airway | |
| P: Pneumothorax (tension) | |
| E: Equipment (Failure of oxygen flow from ventilator or oxygen points | |
| End location | |

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