

ED / ICU Emergency RSI Intubation Team Brief

Prepare Equipment

Monitoring: (attached and working)

- Capnography
- ECG
- SpO2 probe
- Blood pressure
(if non invasive increase freq cycling during intubation)

Equipment: (checked and available)

- Self inflating bag
- Two laryngoscopes (MAC 4)
- Endotracheal tube x2
(♂=9.0, ♀=8.0 + smaller size ready)
- LMA (2nd generation)
- Videolaryngoscope
- Bougie
- Working suction
- Tipping trolley/bed
- Rescue technique equipment
-front of neck access

Drugs: (drawn up, labelled, checked)

- Induction agent
- Rocuronium/Suxamethonium
(unless C.I ie MH, neuromuscular disease)
- Vasopressor (Metaraminol)
- Resuscitation drugs
- Maintenance sedation infusion
- Non depolarizing muscle relaxant

Prepare Team

Allocate roles:

- Team leader
- First intubator
(max 2 attempts)
- Second intubator
(if available)
- Cricoid pressure
- Assistant
- Drugs

Additional roles:

- Manual In Line stabilisation
(if required)
- Rescue airway

Consider CALLING for HELP

CALLING FOR HELP

ICU
Registrar BLEEP 1987
Consultant ext 5752

Anaesthetist
BLEEP 1622
Consultant (0800-2000)
SPR (2000-0800)

ENT
-1700-0800; 2222 switchboard
and ask for on call ENT Dr
-In hours SEE OVER

Prepare Patient

Physiology Optimal?

- Can physiology be improved?

Position optimal?

- Pillow*
- Neck flexed, head extended
- 25° head up
(*not if C-spine immobilized)
- Manual in line stabilisation if
c-spine immobilised

Preoxygenation

- 3 minutes 100% O₂
- CPAP or Optiflow
- BVM ventilation during RSI
- Consider apnoeic oxygenation

Prepare for Difficulty

ASSESS airway, if suspect difficulty

- CALL for help
- Can we wake the patient up?

Is the patient a known difficult airway?

- If so find the plan if there is one
- consider awake trache/fibreoptic
- Consider location...?Theatre

Intubation Plan... READ ALOUD

Plan A Rapid Sequence Induction

CALL FOR HELP IF DIFFICULTY

Plan B = Bag Mask ventilation
(+/- guedel/NP airway)

Plan C = LMA

Plan D = Rescue airway technique
Unanticipated difficult tracheal
intubation algorithm on reverse

Attempt Endotracheal Intubation

Confirming tracheal intubation:

- ETCO₂ x6 traces
- Bilateral air entry in axillae
- Chest x-ray
- Consider fibrescope

NO

YES

FAILED INTUBATION

Call for help

-Oxygenate; 100% O₂ BVM

-FOLLOW Management of
unanticipated difficult tracheal
intubation algorithm on REVERSE

-Commence post intubation care.
-Ensure ETCO₂ monitoring at all
times