

RAPID SEQUENCE INDUCTION CHECKLIST

PRELIMINARY / DELEGATION

"IOM" Monitoring

- IV
- O₂
- (100% / preoxygenate)
- Apneic Oxygenation Setup
- Monitors *SpO₂, B/P, HR

Position Patient:

- Ear to sternal notch
- 'RAMP' if obese / pregnant

IF DIFFICULT AIRWAY ANTICIPATED CALL ANAESTHETIST :

- Upper airway obstruction
- Trauma
- Morbid Obesity
- OSA
- C-Spine Immobilized

REVIEW PLANS (in case of difficult airway)

(Sample)

Plan A

- Direct Laryngoscopy

Plan B

- Video Laryngoscopy

Plan C

- Supraglottic Device

Plan D

- Cricothyrotomy

EQUIPMENT & DRUGS

GENERAL / ROOM

- Stethoscope
- Suction (double if bleeding expected)
- Bag-Valve-Mask (w/ O₂ connected)
- Post-tube ventilation strategy? (vent set up / programmed?)
- Post-tube sedation strategy? Morph. & Midaz. 1mg/mL in 100mL mini bags ready at 0.05-0.1 mg/kg/hr [e.g. 5-7mg/hr for o/w healthy adult]

AIRWAY

- 10mL syringe for airway balloons
- Laryngoscopes (2)
- Oral pharyngeal airways
- Endotracheal tubes (different sizes) - open, lubricated, stylet
- Airway devices for Plan B / C / D?

MEDICATION

- Induction med(s) chosen & drawn up. (Dose?)
- Paralytic med chosen & drawn up? (Dose?)
- Rescue meds drawn up?

DISCUSS then PROCEED

Discuss with Airway Assistant :

Your plan (A/B/C/D) and when you will switch to each.

What you will ask for during each plan.

Discuss with your Patient as able.

Ready to go?

- Confirm V/S (B/P, SpO₂, HR)
- Note time (second hand)
- Push drugs
- Force waiting 60-90 sec
- Confirm paralysis (jaw laxity)
- Proceed with Plan A...

Don't Panic! You've got this.