Rapid Sequence Induction Checklist

**Patient**
- Pre-oxygenate
  - 3min >15L/min O₂
  - NIV if obese/OSA or SpO₂ <95% despite O₂
- Position
  - ‘ear to sternal notch –‘RAMP’ if obese
- If difficult airway
  - Anticipated call anaesthetist in charge
    (ext: [ ]
  - Upper airway obstruction/trauma
  - Morbidly obese/OSA
  - C-spine immobilisation

**Equipment**
- "SOAPME"
  - Suction
  - Oxygen
  - Bag-Valve Mask
  - Airway equipment
    - 2 laryngoscopes
    - 2 ETTs
    - Bougie +/- stylet
  - Pharmacological agents
    - Pretreatment
    - Induction agent
    - Paralytic agent
    - Ongoing anaesthesia
    - Fluids
    - Vasoconstrictors
  - Monitoring Equipment
    - ETCO₂
    - SpO₂
    - ECG monitoring
    - NIBP

**Team**
- Team leader
  - Consultant if available
- Airway doc
  - Must have anaesthetic experience
- Airway nurse
- Drugs
  - JMO/nurse
- Scribe & timer
  - Nurse
  - Cricoid pressure
  - Optional JMO/nurse

**Have a Plan**
- If you fail
  - See default strategy for failed RSI algorithm and let your team know if you are doing something different
- If you succeed
  - See Oxylog 3000 plus ventilator guideline

Modified from www.safetyinubation.com