DEFAULT STRATEGY FOR FAILED RSI IN ADULTS

Plan A: initial tracheal intubation plan
- **direct laryngoscopy**
  - RSI CHECKLIST
    - pre-oxygenate
    - position: ‘ear to sternal notch’ - ‘RAMP’ if obese
    - paralysis & sedation for all
    - cricoid pressure for all initially but release if poor view and apply External Laryngeal Manipulation
    - bougie for all
  - maximum 2 attempts in 2 mins
  - re-oxygenate if SpO₂ <90% with 2 person BVM + OPA + NPA
  - CALL ANAESTHETICS IF PLAN A FAILS (ext: 3186)

Plan B: secondary tracheal intubation plan
- **video laryngoscopy**
  - as difficult airway, maximise laryngeal view by avoiding cricoid pressure and by using External Laryngeal Manipulation
  - maximum 2 attempts in 2 mins
  - re-oxygenate if SpO₂ <90% with 2 person BVM + OPA + NPA

Plan C: maintenance of oxygenation/ ventilation
- **LMA**
  - avoid cricoid pressure
  - improved oxygenation
  - maximum 2 attempts in 2 mins
  - plan D if SpO₂ <75%

Plan D: rescue techniques for “can’t intubate can’t ventilate” situation
- **scalpel/ finger/ tube cricothyroidotomy**
  - scalpel
  - finger
  - tube

succeed
tracheal intubation
verify with ETCO₂

succeed
tracheal intubation
verify with ETCO₂

contact anaesthetics (ext: [_______]) for fiberoptic intubation

modified from www.das.co.uk