### Mona Vale Hospital Emergency Department Paediatric RSI checklist

*Dysmorphism? Upper Airway obstruction? - consider calling anaesthetist*

ENSURE EMERGENCY PHYSICIAN AND PAEDIATRICIAN AWARE

#### 1. Patient preparation

<table>
<thead>
<tr>
<th>Task</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position - ear to sternal notch alignment</td>
<td>✔️</td>
</tr>
<tr>
<td>Intravenous / osseous access x 2</td>
<td></td>
</tr>
<tr>
<td>Fluid connected for drug flush</td>
<td></td>
</tr>
<tr>
<td>BP cuff on contralateral arm, set to 5 min recording</td>
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<tr>
<td>ECG monitoring</td>
<td></td>
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<tr>
<td>SpO2</td>
<td></td>
</tr>
<tr>
<td>End tidal CO2 connected to bag-mask, HME filter, catheter mount</td>
<td></td>
</tr>
</tbody>
</table>

#### 2. Oxygenation strategy

<table>
<thead>
<tr>
<th>Task</th>
<th>Complete</th>
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</thead>
<tbody>
<tr>
<td>Pre-oxygenation in place (BVM Or NRB mask 15 l/min)</td>
<td></td>
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<tr>
<td>Nasal prongs on at 15 l/min</td>
<td></td>
</tr>
<tr>
<td>Gastric tube available</td>
<td></td>
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<tr>
<td>BVM PEEP valve available</td>
<td></td>
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<tr>
<td>Ventilator set: Paediatric disposable circuit (&lt; 30 kg)</td>
<td></td>
</tr>
<tr>
<td>SIMV, 100% oxygen, PEEP 5 or more</td>
<td></td>
</tr>
<tr>
<td>Tidal volume set</td>
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<tr>
<td>Respiratory rate set</td>
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</tr>
</tbody>
</table>

#### 3. Airway equipment

<table>
<thead>
<tr>
<th>Task</th>
<th>Complete</th>
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</thead>
<tbody>
<tr>
<td>Direct Laryngoscope</td>
<td></td>
</tr>
<tr>
<td>C-MAC Video Laryngoscope</td>
<td></td>
</tr>
<tr>
<td>Bougie</td>
<td></td>
</tr>
<tr>
<td>Stylet</td>
<td></td>
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<tr>
<td>Two tubes with cuffs checked</td>
<td></td>
</tr>
<tr>
<td>Cuffed tube size chosen</td>
<td></td>
</tr>
<tr>
<td>Syringe</td>
<td></td>
</tr>
<tr>
<td>Tie or tapes for securing</td>
<td></td>
</tr>
<tr>
<td>Paediatric cuff manometer</td>
<td></td>
</tr>
</tbody>
</table>
4. Rescue Devices
Suction checked
Oral and nasal airways available
Laryngeal mask sized and available
Cricothyroidotomy equipment available

5. Drugs
Induction agent dose drawn up
Induction neuromuscular blocker dose drawn up
Post intubation neuromuscular blocker dose drawn up
Post intubation analgesia available
Post intubation sedative available

6. Team Brief
Difficult laryngoscopy / failed intubation plan discussed
Roles allocated: airway assistant
  external laryngeal manipulation
  drugs
  cervical immobilisation (remove collar)
Parents aware and staff member allocated

"Checks complete. Anaesthetising at.......hrs"

COMPLETE RSI AUDIT FORM FOR ALL INTUBATIONS

<table>
<thead>
<tr>
<th>AGE</th>
<th>0</th>
<th>3m</th>
<th>6m</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>WT (kg)</td>
<td>3.5</td>
<td>5</td>
<td>7</td>
<td>10</td>
<td>13</td>
<td>16</td>
<td>19</td>
<td>22</td>
<td>25</td>
<td>28</td>
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<td>34</td>
<td>37</td>
<td>40</td>
<td>43</td>
<td>46</td>
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<tr>
<td>KETAMINE (mg)</td>
<td>7</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td>30</td>
<td>40</td>
<td>45</td>
<td>50</td>
<td>50</td>
<td>60</td>
<td>70</td>
<td>75</td>
<td>80</td>
<td>85</td>
<td>90</td>
</tr>
<tr>
<td>SUXMETHONIUM (mg)</td>
<td>7</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td>30</td>
<td>40</td>
<td>45</td>
<td>50</td>
<td>50</td>
<td>60</td>
<td>70</td>
<td>75</td>
<td>80</td>
<td>85</td>
<td>90</td>
</tr>
<tr>
<td>TRACHEAL TUBE (ID)</td>
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<td>3.5</td>
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<td>4.0</td>
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<td>2/3</td>
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</tr>
<tr>
<td>TIDAL VOLUME* (ml)</td>
<td>30</td>
<td>50</td>
<td>70</td>
<td>100</td>
<td>130</td>
<td>160</td>
<td>190</td>
<td>200</td>
<td>250</td>
<td>280</td>
<td>300</td>
<td>340</td>
<td>350</td>
<td>400</td>
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<td>450</td>
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<tr>
<td>RESP RATE*</td>
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<td>18</td>
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</table>

*INITIAL settings only - adjust to pCO2 and then ETCO2