



Checklist

Rapid Sequence Induction and Emergency Intubation

S
SUCTION

Suction readiness - running suction pump! Check!
Large lumen suction catheter (e. g. Yankauer) attached Check!
(consider second suction pump if vomiting etc. ready-to-use)

O
OXYGEN

Oxygen mask (≥ 15 l/min), alternatively bag-valve mask (Demand valve) ... Check!
Nasal cannula for apnoeic oxygenation (15 l/min) through second port Check!
Oro- or nasopharyngeal airway (OPA/ NPA) ready, maybe inserted Check!
Pre-oxygenation as sufficient as possible Check!
(consider NIV if sufficient pre-oxygenation not otherwise possible)

A
AIRWAY

Laryngoscope + blade + spare blade (as possible video laryngoscope) .. Check!
Endotracheal tube (σ : 8.0, f : 7,5) + spare tube (7.0) Check!
Stylet or bougie (maybe formed as hockey stick) Check!
Syringe for blocking, material for securing tube, lube Check!
Alternative airway device (EGA, surgical airway set) Check!

P
POSITIONING

Patient positioning (sniffing position/ improved Jackson position) Check!
Allocate tasks within the team and positioning around the patient Check!
Communicate procedure schedule (10 for 10) and alternative plans (B + C) Check!

M
MEDICATION

Free running drip, if possible two safe intravenous lines Check!
Narcotic, analgesic Check!
Muscle relaxant Check!
Vasopressor (e. g. Push dose pressor/ syringe driver) Check!

E
EQUIPMENT
ETCO2

HME filter, catheter mount (gooseneck) Check!
Ventilator ready (connected, programmed) Check!
Capnografie connected and running Check!
(if possible also during pre-oxygenation)
Monitoring (BP, SpO2, ECG) - BP cycling ≤ 2 min, SpO2 loud Check!

ANAESTHESIA
DRUG DOSES



Exemplary recipes - Anaesthesia always according to own standards!

"Quick & dirty": Midazolam 0,05 mg/kg (~ 5 mg) + Esketamin 1 mg/kg (~ 100 mg)
+ Rocuronium 1,2 mg/kg (100-150 mg) OR Succinylcholin 1 mg/kg
Acute cardiac problem: Midazolam 0,15 mg/kg (~ 15 mg) + Fentanyl 2 μ g/kg (~ 200 μ g)
+ Rocuronium 1,2 mg/kg (100-150 mg) OR Succinylcholin 1 mg/kg

AIRWAY
SUCCESSFUL
MANAGED

Connect BVM/ Ventilator with capnography Check!
Confirmation of correct tube position with capnography Check!
Auscultation: Equal air entry, no gastric insufflation Check!
Secure tube, document tube depth, cuff pressure 15-20 mmHg..... Check!
Maintenance of anaesthesia, re-evaluate ABCDE..... Check!

Intubation NOT successful: Mask ventilation (BVM) as bridging! Goal: Oxygenation!

PLAN

Extra-glottic airway device (EGA)

B

After maximal 2 endotracheal intubation attempts!
Place laryngeal tube/ laryngeal mask/ iGel (according to local standards and availability)
If successful: secure EGA, oxygenate and ventilate, re-evaluate ABCDE

PLAN

Emergency Front of Neck Access (EFONA) = Cricothyrotomy

C

Material: scalpel with blade no. 10, bougie, endotracheal tube size 6.0
Preparation: neck extension, laryngeal handshake in order to locate the cricothyroid membrane
Horizontal stitch incision - turn scalpel with blade directed downwards - bougie - tube - fixation