

RSI Checklist

RESUSCITATE BEFORE INTUBATION

Hypotension/O₂/PH or metabolic compensation (HOp)

- Considered fluid bolus/blood resuscitation/other correctable causes
- Patient Stabilized? (BP > 100 sys or MAP > 65) *ideal is MAP of 80*
- Method selected: RSI/DSI/RSA

PREPARE PATIENT

- Patient positioned (ear to sternal notch)
- Elevate HOB to 30 degrees
- Nasal cannula on patient for apneic oxygenation
- OPA/NPA considered
- Oxygenated with SpO₂ >= 94 % (Consider BVM/CPAP with PEEP)
- Monitoring equipment (BP, EKG, Pulse Ox, ETCO₂)
- Denitrogenated (8 max breaths on NRB OR 3 minutes preox)
- Mark/feel cricothyroid membrane

PREPARE EQUIPMENT

- Intubation Kit dump next to head of patient
- Suction set up and on; yaunker hole covered with tape?
- ETT waveform capnography set up
- ETT prepared, shaped, cuff checked, syringe attached?
- Bougie preloaded OR opened
- DL/VL set up and functional
- Failed airway/backups at patient? (ETT, SGA, Cricothyrotomy kit)
- Induction medications drawn up and med checked?
- Push-dose epinephrine mixed/considered (10mcg/ml)
- Post-intubation sedation/meds drawn up and med checked?

PLAN

- Team Organized (intubator, airway assistant, meds, scribe)
- Discuss intubation plan with team
- Failed airway plan discussed (change method, SGA, surgical crich)

PERFORM

- Apneic Oxygenation - Attach NC to Oxygen 15 lpm
- Analgesia/Sedative Administered (wait 60 sec)
- Paralytic administered (wait for apnea)
- Perform Intubation
- Verify tube (absent epigastric, clear lung sounds, chest rise, ETCO₂)
- Secure tube

POST-INTUBATION CARE

- Re-sedate patient
- Monitor tube placement, sedation status, pain
- Adjust ventilation/ventilator per situation (ICP, DKA, Asthma)