## **GSA-HEMS RSI CURRENCY 2.0**

Training focus on: slow time, perfecting the details, maximising 1<sup>st</sup> pass success.

COMPETENCY SCENE CONSIDERATIONS Q. What is the ideal place for an RSI? (relevant considerations?)  Q. What would you take with you on a winch insertion?  ASSESSMENT/MONITORING Q. Please assess patient as you normally would and set up LP15 for RSI Q. How do you record an intubation "event"? Q. Troubleshoot failure to pick up sats trace Q. Can't read the screen due to glare? PRE-OXYGENATION Q. Please explain to an airway using BLS amnoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenation and Apnoeic Diffusion Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C -spine overextension in C-Collar EQUIPMENT SETUP Q. What if the on-scene crew are keen to  Considerations: weather (sun direction, wind, rain etc), crowds, no. of assistants etc Packs, Q2 - LP15 not recommended for winching up with.  Basion/Ron Marking assistant than the Doc performs 1º survey / 2º survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Survey Paramedic sets up LP15 monitoring – Survey / 2º surv		
Q. What is the ideal place for an RSI? (relevant considerations?)  Q. What would you take with you on a winch insertion?  ASSESMENT/MONITORING Q. Please assess patient as you normally would and set up LP15 for RSI  Q. How do you record an intubation "event"? Q. Troubleshoot failure to pick up sats trace  Q. Can't read the screen due to glare? PRE-OXYGENATION Q. Please explain to an airway using BLS amanoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenation g patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C -spine overextension in C-Collar EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  360 degree access to allow maximal simultaneous activity. Considerations: weather (sun direction, wind, rain etc), crowds, no. of assistants etc Packs, Q2 – LP15 not recommended for winching up with. Packs, Q2 – LP15 not recommended for winching up with. Packs, Q2 – LP15 not recommended for winching up with. Packs, Q2 – LP15 not recommended for winching up with. Packs, Q2 – LP15 not recommended for winching up with. Packs, Q2 – LP15 not recommended for winching up with. Packs, Q2 – LP15 not recommended for winching up with.  Batablish oxygenation then Doc performs 1° survey / 2° survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Event selection procedure Probe positioning, adjust sensitivity, cover probe from light change probe (list available probes) Contrast button  Demonstrate :Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation?  Ne for preoxygenation?  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc equipme	COMPETENCY	EXPECTED RESPONSE
Considerations: weather (sun direction, wind, rain etc), crowds, no. of assistants etc Packs, O2 – LP15 not recommended for winching up with.  Sassessment/Monitoring Assessment as you normally would and set up LP15 for Rsi  Q. How do you record an intubation "event"? Q. Troubleshoot failure to pick up sats trace  Q. Can't read the screen due to glare? PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Considerations: weather (sun direction, wind, rain etc), crowds, no. of assistants etc Packs, O2 – LP15 not recommended for winching up with.  Establish oxygenation then Doc performs 1° survey / 2° survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2  Event selection procedure Probe positioning, adjust sensitivity, cover probe from light, change probe (list available probes) Contrast button  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation?  1. Tight fitting NRB mask 2. Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through.  2. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?	SCENE CONSIDERATIONS	
Considerations: weather (sun direction, wind, rain etc), crowds, no. of assistants etc Packs, O2 – LP15 not recommended for winching up with.  Sassessment/Monitoring Assessment as you normally would and set up LP15 for Rsi  Q. How do you record an intubation "event"? Q. Troubleshoot failure to pick up sats trace  Q. Can't read the screen due to glare? PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Considerations: weather (sun direction, wind, rain etc), crowds, no. of assistants etc Packs, O2 – LP15 not recommended for winching up with.  Establish oxygenation then Doc performs 1° survey / 2° survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2  Event selection procedure Probe positioning, adjust sensitivity, cover probe from light, change probe (list available probes) Contrast button  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation?  1. Tight fitting NRB mask 2. Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through.  2. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?	Q. What is the ideal place for an RSI?	360 degree access to allow maximal simultaneous activity-
Q. What would you take with you on a winch insertion?  ASSESSMENT/MONITORING Q. Please assess patient as you normally would and set up LP15 for RSI  Q. How do you record an intubation "event"? Q. Troubleshoot failure to pick up sats trace  Q. Can't read the screen due to glare? PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kit-dump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Packs, O2 – LP15 not recommended for winching up with.  Establish oxygenation then Doc performs 1° survey / 2° survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Event selection procedure Probe positioning, adjust sensitivity, cover probe from light change probe (list available probes) Contrast button  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump — Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction — Doc. Paramedic RSI Current?	<u>•</u>	Considerations: weather (sun direction, wind, rain etc),
ASSESSMENT/MONITORING Q. Please assess patient as you normally would and set up LP15 for RSI  Q. How do you record an intubation "event"? Q. Troubleshoot failure to pick up sats trace  Q. Can't read the screen due to glare? PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Establish oxygenation then Doc performs 1° survey / 2° survey. Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Event selection procedure Probe positioning, adjust sensitivity, cover probe from light, change probe (list available probes) Contrast button  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2. Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Prodicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	O What would you take with you on a	
Q. Please assess patient as you normally would and set up LP15 for RSI  Q. How do you record an intubation "event"? Q. Troubleshoot failure to pick up sats trace  Q. Can't read the screen due to glare?  PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of preoxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Establish oxygenation then Doc performs 1° survey / 2° survey Paramedic sets up LP15 monitoring – NIBP to smin, ETCO2  Event selection procedure Probe positioning, adjust sensitivity, cover probe from light, change probe (list available probes) Contrast button  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump — Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction — Doc. Paramedic Sets up LP15 monitoring Probe positioning, adjust sensitivity, cover probe from light, change probe (list available probes) Contrast button	•	Packs, O2 – LP 15 not recommended for windhing up with.
survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2  Q. How do you record an intubation "event"?  Q. Troubleshoot failure to pick up sats trace  Q. Can't read the screen due to glare?  PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM  Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Event selection procedure Probe positioning, adjust sensitivity, cover probe from light, change probe (list available probes) Contrast button  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?		
survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2  Q. How do you record an intubation "event"?  Q. Troubleshoot failure to pick up sats trace  Q. Can't read the screen due to glare?  PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM  Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  survey Paramedic sets up LP15 monitoring – NIBP to 3min, ETCO2 Event selection procedure Probe positioning, adjust sensitivity, cover probe from light, change probe (list available probes) Contrast button  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	Q. Please assess patient as you normally	Establish oxygenation then Doc performs 1° survey / 2°
Q. How do you record an intubation "event"? Q. Troubleshoot failure to pick up sats trace  Q. Can't read the screen due to glare? PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar EQUIPMENT SETUP Q. Where to do kit dump for : Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  3min, ETCO2 Event selection procedure Probe positioning, adjust sensitivity, cover probe from light, change probe (list available probes) Contrast button  Demonstrate :Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?		
Probe positioning, adjust sensitivity, cover probe from light, change probe (list available probes)  Q. Can't read the screen due to glare?  PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Probe positioning, adjust sensitivity, cover probe from light, change probe (list available probes) Contrast button  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through. Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	·	3min, ETCO2
Probe positioning, adjust sensitivity, cover probe from light, change probe (list available probes)  Q. Can't read the screen due to glare?  PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Probe positioning, adjust sensitivity, cover probe from light, change probe (list available probes) Contrast button  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through. Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	Q. How do you record an intubation	,
Can't read the screen due to glare?  PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kit-dump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  change probe (list available probes) Contrast button  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2. Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	<u> </u>	•
Q. Can't read the screen due to glare?  PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for : Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Please explain to an airway assistant how to maintain an airway assistant how the maintain an airway assistant how to maintain an airway assistant how to maintain an airway and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway anieway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around inway team member Role of LMA for preoxygenation?  1. Tight fitting NRB mask 2.Circuit conne	Q. Troubleshoot failure to pick up sats	
PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kit-dump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate :Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway iteam member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through by a s	·	
PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate :Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through through alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through through alternative hand positions) Discuss CRM around airway item member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through alternative hand positions) Discuss CRM around airway item member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just pri		
PRE-OXYGENATION Q. Please explain to an airway assistant how to maintain an airway using BLS manoevres, and adjuncts including 2 person BVM procedure. Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Demonstrate: Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate :Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate :Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate :Jaw thrust, Guedel sizing and insertion, NP airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through as the s	Q. Can't read the screen due to glare?	
airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member  Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM  Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation  Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP  Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle  Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  airway insertion, BVM including 2 handed BVM (with 2 alternative hand positions) Discuss CRM around airway team member  Role of LMA for preoxygenation?  1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring  NP connected and O2 to 15L/min just prior to checklist run through and David fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring  NP connected and O2 to 15L/min just prior to checklist run through and David fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring  NP connected and O2 to 15L/min just prior to checklist run through and David fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring  NP connected and O2 to 15L/min just prior to checklist run through and David fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring  NP connected and O2 to 15L/min just prior to checklist run through and David fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring  NP connected and O2 to 15L/min just prior to checklist run through and David fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring  NP connected and O2 to 15L/min just prior to checklist run through and David fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring  NP connected and O2 to 15L/min just prior to checklist run through and David fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring  NP connected and O2 to 15L/min just prior to checklist run through and David fitting NRB	PRE-OXYGENATION	
manoevres, and adjuncts including 2 person BVM procedure.  Q. Demonstrate 2 alternative ways of pre- oxygenating patient – NRB and with BVM  Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine over- extension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for : Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kit- dump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  alternative hand positions) Discuss CRM around airway team member Role of LMA for preoxygenation?  1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	Q. Please explain to an airway assistant	Demonstrate :Jaw thrust, Guedel sizing and insertion, NP
team member Q. Demonstrate 2 alternative ways of pre- oxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine over- extension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kit- dump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	how to maintain an airway using BLS	airway insertion, BVM including 2 handed BVM (with 2
team member Q. Demonstrate 2 alternative ways of pre- oxygenating patient – NRB and with BVM Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine over- extension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kit- dump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  team member Role of LMA for preoxygenation? 1. Tight fitting NRB mask 2.Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	manoevres, and adjuncts including 2	alternative hand positions) Discuss CRM around airway
Oxygenating patient – NRB and with BVM  Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for : Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  1. Tight fitting NRB mask 2. Circuit connected to BVM with ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through. Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?		team member
Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C -spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy - What factors to be considered?  ETCO2 monitoring NP connected and O2 to 15L/min just prior to checklist run through Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump - Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction - Doc. Paramedic RSI Current?	Q. Demonstrate 2 alternative ways of pre-	Role of LMA for preoxygenation?
Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  NP connected and O2 to 15L/min just prior to checklist run through.  Sam splint or towel under occiput.  Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	oxygenating patient – NRB and with BVM	Tight fitting NRB mask 2.Circuit connected to BVM with
through  Oxygenation  Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP  Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  through Sam splint or towel under occiput. Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?		ETCO2 monitoring
Oxygenation Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Sam splint or towel under occiput.  Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment  Predicted difficult airway or poor Sa02 prior to induction – Doc.  Paramedic RSI Current?	Q. How do you use NPs for	NP connected and O2 to 15L/min just prior to checklist run
Q. Describe how to correct C –spine overextension in C-Collar  EQUIPMENT SETUP Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Demonstrate neutral neck position using a wall.  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	Preoxygenation and Apnoeic Diffusion	through
extension in C-Collar  EQUIPMENT SETUP  Q. Where to do kit dump for : Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	Oxygenation	Sam splint or towel under occiput.
Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	Q. Describe how to correct C –spine over-	Demonstrate neutral neck position using a wall.
Q. Where to do kit dump for: Road mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kit-dump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Use of second stretcher / AW139 pt positioning / vehicle use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?		
mission/helo missions/ remote from vehicle Q. Please perform an RSI equipment "kitdump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  use to shade patient, access to suction etc Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?		
vehicle Q. Please perform an RSI equipment "kit- dump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Equipment kit dump – Who does it? Checklist used silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?	• • • • • • • • • • • • • • • • • • •	
Q. Please perform an RSI equipment "kit-dump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  silently to lay out equipment Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?		
dump" prior to checklist run through. Q. Who should do laryngoscopy – What factors to be considered?  Predicted difficult airway or poor Sa02 prior to induction – Doc. Paramedic RSI Current?		···
Q. Who should do laryngoscopy – What factors to be considered?  Doc. Paramedic RSI Current?	• • •	· · ·
factors to be considered? Paramedic RSI Current?		, ,
<b>Q. What if the on-scene crew are keen to</b>   Never the on-scene crew – Blame our "protocol"		
		Never the on-scene crew – Blame our "protocol"
have a go?	•	
BRIEFING ASSISTANTS  Assistants resitioned on left of nations and briefings		Assistants positioned as left of setient and briefings
Q. Brief your assistants ?Cricoid or not Assistants positioned on left of patient and briefings		
Q. MILS briefing accurate and complete.  PACK CONTENT KNOWLEDGE	•	accurate and complete.
		Demonstrates accurate knowledge of contents for DSI
Q. Where would you find a needle for Tension PTX?  Demonstrates accurate knowledge of contents for RSI.	•	Demonstrates accurate knowledge of contents for KSI.
INDUCTION DRUGS		
		Drug doses chosen appropriate for adult/paced and
Q. Describe induction and post-induction  Drug doses chosen – appropriate for adult/paed and	• • • • • • • • • • • • • • • • • • •	•
drug choices and doses. What if BP low? hypovolaemic patient.  Q. Calculate the doses and sizing for a 4yr Use of Paed Dose sheet accurate		·
W. Valuate the avoco and olding for a tyle toot of facu boot offer accurate	old child (can use cheat sheet)	OSC OFF ACU DOSC SHEEL ACCURATE

CHECKLIST PROCEDURE	
Q. Please run through the challenge	Checklist run through – challenge and response. Need
response checklist prior to intubation and	clear role delineation and CHALLENGE and RESPONSE
proceed with RSI.	just prior to induction.
Q. Why do we do it and what can go	Discuss common errors: Self checking, Missing items on
wrong?	list
Q. When should we omit it?	In arrested patients- EMERGENT COLD INTUBATION
Q. When should we abbreviate it?	Never – esp NOT because the patient is too "sick"
BOUGIE AND LARYNGOSCOPE USE	
Q. Give the induction drugs and proceed	Understanding of 2 –person technique with laryngoscopist
with laryngoscopy	focusing ONLY on laryngoscopy and assistant handing
	equipment as needed.
Q. Demonstrate use of bougie – Adult and	Bougie used naked- appropriate "patter" to assistant
paeds	Sizing of tubes over bougies
Q. Stylet use – When might they be used?	Adult – large epiglottis or in Paeds – tube size <5
Q. Assess Laryngoscopy grip and arm	Laryngoscope held close to blade with elbow tucked in
position	Laryngoscopist keeps eyes on glottis
30 SECOND DRILLS	
Q. Describe your immediate actions if	Release cricoid (if applied) and apply ELM?
unable to obtain an adequate view?	Change patient position ?small pad under the head
	Better suction ?
	Insert laryngoscope deeply and slowly withdraw?
	Change laryngoscope blade size or type?
	Consider changing operator
Q. What is ELM and how do we do it best?	Discuss finer points of ELM – Laryngoscopist themselves
	holding the thyroid cartilage and moving to improve view.
	Different from Cricoid or BURP. 20% of time assistant
DOLLOIS LIGS	needed to hold position
BOUGIE USE	Appropriate use of housing including demonstrating 00 dea
Q. If you pass the bougie but can't pass	Appropriate use of bougie including demonstrating 90 deg AC rotation.
the TT what would be your actions?	
Q. What if the bougie is in, can't pass an 8.0 and the sats are falling?	Change to a smaller tube (Don't pull out and bag patient reflexively if bougie is in trachea)
POST INTUBATION CHECKS	reliexively if bougle is in tracilea)
Q. Demonstrate how to secure a tube in a	Taping technique- Pros and Cons of taping vs tying in
paediatric patient.	adult vs paeds
Q. Any other considerations in paediatric	OG tube esp if BVM ventilation, ventilation settings, tube
patients	migration, kinking of tube, cuff pressure etc
Q. Post intubation patient Sa02 falls.	Troubleshoots desaturation- Patient, Circuit, 02 / DOPE
Management?	etc
FAILED INTUBATION DRILLS	
Q. If you are unable to intubate describe	Ventilate – 2 person BVM with adjuncts and neutral
your next steps in order	position if needed
Q. If still unable to ventilate?	LMA insertion technique
Q. What other uses of an LMA can you	Pre-oxygenation, Trapped patients etc
think of?	
Q. Failure to ventilate with LMA?	Describe Surgical Airway procedure
Q. When might a surgical airway be	Severely entrapped patient, limited mouth opening (eg
considered as a primary procedure?	burns)
Q.When to do needle cricothyroidotomy?	Paeds (?<8yrs old)
SURGICAL AIRWAY	
Q. Demonstrate Scalpel/Finger/Bougie	Discuss indications – Primary or following failed
technique	oxygenation
	Technique including neck positioning, anatomy and 2
	types of incisions using mannequin