

# GSA-HEMS RSI CURRENCY 2.0

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

COMPETENCY	EXPECTED RESPONSE
<b>SCENE CONSIDERATIONS</b> <b>Q. What is the ideal place for an RSI? (relevant considerations?)</b>  <b>Q. What would you take with you on a winch insertion?</b>	360 degree access to allow maximal simultaneous activity- Considerations: weather (sun direction, wind, rain etc), crowds, no. of assistants etc Packs, O2 – LP15 not recommended for winching up with.
<b>ASSESSMENT/MONITORING</b> <b>Q. Please assess patient as you normally would and set up LP15 for RSI</b>  <b>Q. How do you record an intubation “event”?</b> <b>Q. Troubleshoot failure to pick up sats trace</b>  <b>Q. Can’t read the screen due to glare?</b>	Establish oxygenation then Doc performs 1 <sup>o</sup> survey / 2 <sup>o</sup> 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
<b>PRE-OXYGENATION</b> <b>Q. Please explain to an airway assistant how to maintain an airway using BLS manoeuvres, and adjuncts including 2 person BVM procedure.</b> <b>Q. Demonstrate 2 alternative ways of pre-oxygenating patient – NRB and with BVM</b>  <b>Q. How do you use NPs for Preoxygenation and Apnoeic Diffusion Oxygenation</b> <b>Q. Describe how to correct C –spine over-extension in C-Collar</b>	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.
<b>EQUIPMENT SETUP</b> <b>Q. Where to do kit dump for : Road mission/helo missions/ remote from vehicle</b> <b>Q. Please perform an RSI equipment “kit-dump” prior to checklist run through.</b> <b>Q. Who should do laryngoscopy – What factors to be considered?</b> <b>Q. What if the on-scene crew are keen to have a go?</b>	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 SaO2 prior to induction – Doc. Paramedic RSI Current? Never the on-scene crew – Blame our “protocol”
<b>BRIEFING ASSISTANTS</b> <b>Q. Brief your assistants ?Cricoid or not</b> <b>Q. MILS briefing</b>	Assistants positioned on left of patient and briefings accurate and complete.
<b>PACK CONTENT KNOWLEDGE</b> <b>Q. Where would you find a needle for Tension PTX?</b>	Demonstrates accurate knowledge of contents for RSI.
<b>INDUCTION DRUGS</b> <b>Q. Describe induction and post-induction drug choices and doses. What if BP low?</b> <b>Q. Calculate the doses and sizing for a 4yr old child (can use cheat sheet)</b>	Drug doses chosen – appropriate for adult/paed and hypovolaemic patient. Use of Paed Dose sheet accurate

<b>CHECKLIST PROCEDURE</b> <b>Q. Please run through the challenge response checklist prior to intubation and proceed with RSI.</b> <b>Q. Why do we do it and what can go wrong?</b> <b>Q. When should we omit it?</b> <b>Q. When should we abbreviate it?</b>	<p>Checklist run through – challenge and response. Need clear role delineation and CHALLENGE and RESPONSE just prior to induction.</p> <p>Discuss common errors: Self checking, Missing items on list ...</p> <p>In arrested patients- EMERGENT COLD INTUBATION</p> <p>Never – esp NOT because the patient is too “sick”</p>
<b>BOUGIE AND LARYNGOSCOPE USE</b> <b>Q. Give the induction drugs and proceed with laryngoscopy</b>  <b>Q. Demonstrate use of bougie – Adult and paed</b> <b>Q. Stylet use – When might they be used?</b> <b>Q. Assess Laryngoscopy grip and arm position</b>	<p>Understanding of 2 –person technique with laryngoscopist focusing ONLY on laryngoscopy and assistant handing equipment as needed.</p> <p>Bougie used naked- appropriate “patter” to assistant</p> <p>Sizing of tubes over bougies</p> <p>Adult – large epiglottis or in Paeds – tube size &lt;5</p> <p>Laryngoscope held close to blade with elbow tucked in</p> <p>Laryngoscopist keeps eyes on glottis</p>
<b>30 SECOND DRILLS</b> <b>Q. Describe your immediate actions if unable to obtain an adequate view?</b>   <b>Q. What is ELM and how do we do it best?</b>	<p>Release cricoid (if applied) and <b>apply ELM?</b></p> <p>Change patient position ?small pad under the head</p> <p>Better suction ?</p> <p>Insert laryngoscope deeply and slowly withdraw?</p> <p>Change laryngoscope blade size or type?</p> <p>Consider changing operator</p> <p>Discuss finer points of ELM – Laryngoscopist themselves holding the thyroid cartilage and moving to improve view.</p> <p>Different from Cricoid or BURP. 20% of time assistant needed to hold position</p>
<b>BOUGIE USE</b> <b>Q. If you pass the bougie but can't pass the TT what would be your actions?</b> <b>Q. What if the bougie is in, can't pass an 8.0 and the sats are falling?</b>	<p>Appropriate use of bougie including demonstrating 90 deg AC rotation.</p> <p>Change to a smaller tube (Don't pull out and bag patient reflexively if bougie is in trachea)</p>
<b>POST INTUBATION CHECKS</b> <b>Q. Demonstrate how to secure a tube in a paediatric patient.</b> <b>Q. Any other considerations in paediatric patients</b> <b>Q. Post intubation patient SaO2 falls. Management?</b>	<p>Taping technique- Pros and Cons of taping vs tying in adult vs paed</p> <p>OG tube esp if BVM ventilation, ventilation settings, tube migration, kinking of tube, cuff pressure etc</p> <p>Troubleshoots desaturation- Patient, Circuit, O2 / DOPE etc</p>
<b>FAILED INTUBATION DRILLS</b> <b>Q. If you are unable to intubate describe your next steps in order</b> <b>Q. If still unable to ventilate?</b> <b>Q. What other uses of an LMA can you think of?</b> <b>Q. Failure to ventilate with LMA?</b> <b>Q. When might a surgical airway be considered as a primary procedure?</b> <b>Q. When to do needle cricothyroidotomy?</b>	<p>Ventilate – 2 person BVM with adjuncts and neutral position if needed</p> <p>LMA insertion technique</p> <p>Pre-oxygenation, Trapped patients etc</p> <p>Describe Surgical Airway procedure</p> <p>Severely entrapped patient, limited mouth opening (eg burns)</p> <p>Paeds (?&lt;8yrs old)</p>
<b>SURGICAL AIRWAY</b> <b>Q. Demonstrate Scalpel/Finger/Bougie technique</b>	<p>Discuss indications – Primary or following failed oxygenation</p> <p>Technique including neck positioning, anatomy and 2 types of incisions using mannequin</p>