

AIRWAY CHECKLISTS

PREPARATION

OXYGENATE

- NRB at highest flow possible
- SpO₂ < 93%? Consider CPAP, BMV, DSI or RSA
- Place patient on stretcher
- Medical: sniffing/ramped Trauma: reverse Trendelenburg unless low BP
- Nasal cannula at 5–15 lpm (5 for peds < 1 year)

RESUSCITATE

- Fluids/blood
- Vasopressors

ANTICIPATE

- Assess difficulty — ROMAN, RODS, SMART, LEMONS
- Determine and announce Plan A, Plan B and Plan C
 - Prepare Equipment
 - BP cuff opposite SpO₂ probe and IV
 - Oral and nasal airways
 - Bag and mask with PEEP valve
 - Suction
 - Laryngoscope
 - ET tube with correct stylet shape (DL = straight to cuff)
 - Bougie
 - EGD and cricothyrotomy kit
 - Capnography
 - Ventilator
 - Prepare Medications
 - Pretreatment
 - Induction
 - Paralysis
 - Analgesia and sedation
- Assign tasks: c-spine/jaw thrust, ELM, ventilation, watch SpO₂

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RSI/RSA PROCEDURE

- Verbalize Time out
 - Is this still a good plan?
 - Who is watching SpO₂ & general well being of patient?
 - Is everyone ready?
 - Will we need to do PPV?
- Give pretreatment if indicated and wait 3 minutes
- Push induction agent and immediately push paralytic
- Positive pressure ventilation if indicated
- Wait 45–60 seconds after the paralytic to start the procedure
- Pass ET tube or EGD
- Move to plan B and plan C as needed
- Confirm with ETCO₂ and lung sounds
- Go to post-RSI/RSA checklist

POST RSI/RSA

- Secure tube
- Replace cervical collar if indicated
- Continuous capnography
- Place ventilator
- Analgesia and sedation
- Check Plateau pressure and PIP — adjust vent as needed
- Gastric tube
- Titrate FiO₂ down as appropriate for condition
- Adjust PEEP to maintain goal SpO₂
- Titrate minute ventilation to keep ETCO₂ at goal

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• FIGURE 28-1.