RAPID SEQUENCE INDUCTION

MODULE: NOVICE

TARGET: NOVICE ANAESTHETISTS

BACKGROUND:
This scenario is intended to allow a novice anaesthetist in his/her first few weeks of anaesthetic training to perform an uncomplicated rapid sequence intubation in simulated conditions.

RELEVANT AREAS OF THE ANAESTHETIC CURRICULUM

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INFORMATION FOR FACULTY

LEARNING OBJECTIVES:

• Preparation and checks prior to inducing anaesthesia
• Safe rapid sequence induction technique

SCENE INFORMATION:

• Location: Anaesthetic Room
• Expected Duration of Scenario: 15 minutes
• Expected Duration of Debriefing: 25 minutes

EQUIPMENT & CONSUMABLES

<table>
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<td>Manikin – On theatre trolley.</td>
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<td>Checked anaesthetic machine</td>
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<td>Stocked Airway trolley &amp; Simulated Anaesthetic drugs</td>
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PARTICIPANT BREIFING: (TO BE READ ALOUD TO PARTICIPANT)

This is a fit and well 26 year old patient due to undergo anaesthesia for a strangulated hernia repair. The patient has no medical problems, no regular medication use and no allergies. The patient is not fasted and is consented for the operation. Their airway examination is unremarkable.

Please perform the anaesthetic induction.

‘VOICE OF MANIKIN’ BREIFING:

You are 26 years old and due to have a repair of a strangulated hernia. The hernia has been coming and going over the last two days. The pain has been increasing and you have vomited twice since yesterday. You are otherwise well with no medical problems or allergies. You have never had an operation before.

‘ANAESTHETIC ASSISTANT’ BREIFING:

Perform pre-operative checks when the patient arrives in the anaesthetic room (check ID, medical history, dental state, fasting state, surgical site marked, consent signed etc.). Help the participant attach monitoring and IV access (if required). Assist the participant in performing the rapid sequence induction of anaesthesia.
**CONDUCT OF SCENARIO**

**INITIAL SETTINGS**

A: Patient and Self-maintained  
B: RR 14, SpO2 96% RA  
C: HR 90 (Sinus), BP 120/80  
D: Eyes open and alert  
E: Hospital gown.

**EXPECTED ACTIONS**

- Ensure that anaesthetic machine is checked.  
- Ensure that the induction drugs and emergency drugs are drawn up and correctly labelled.  
- Review anaesthetic plan with assistant (RSI, size of Laryngoscope and ETT)  
- Allow assistant to perform check-in and WHO.  
- Review history and examination if required.  
- Attach monitoring  
- Check IV access  
- Optimise position of patient prior to induction.  
- Suction on and ready at hand  
- Ensure that table tilts head down  
- Ensure presence of third person in room  
- Pre-oxygenate  
- Give appropriate RSI drugs

**INDUCTION**

A: Patient and Self-maintained  
B: RR falls to 0 over 1 min  
C: HR 80 (Sinus), BP falls to 140/90 during laryngoscopy, then falls to 90/60 over 2 mins  
D: Eyes closed (AVPU). Fasciculations 30 seconds after Suxamethonium, lasting 10 secs.

**EXPECTED ACTIONS**

- Maintain airway seal with mask  
- No ventilation  
- Await fasciculations, or time 45-60 secs after Suxamethonium administration  
- Check for adequate relaxation and depth of anaesthesia  
- Perform laryngoscopy  
- Intubate airway, use bougie if necessary  
- Check ETT position: eCO2, chest expansion, auscultation.  
- Secure ETT in position.  
- Tape eyes (as per local practice)  
- Get ready to transfer to theatre (disconnect monitoring, turn off vaporiser, reduce O2 flow, disconnect circuit from HME filter).

**LOW DIFFICULTY**

No difficulties encountered

**NORMAL DIFFICULTY**

SpO2 fall to 92% over 3 mins if tube not in place.

**RESOLUTION**

When patient is safe to transfer to theatre

**HIGH DIFFICULTY**

Any one of these events:  
- On laryngoscopy: participant is told that opharynx is filled with fluid:  
  - Head down, suction, intubate and consider suction catheter.  
- Fixed neck and swollen tongue make airway slightly more difficult:  
  - Use bougie to intubate.
### Anaesthetist’s preoperative assessment by

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<th>Signature:</th>
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### Anaes / Surg history:

No previous GAs

### Medical history:

Fit and well usually.

Reducible hernia present for several weeks. Has become irreducible, hard and painful over the last 48 hours. 2 x episodes of vomiting in the last 12 hours.

### O/E

Unremarkable

**Airway Assessment**

Mouth Opening:

MP Score: 1 2 3 4

Jaw: MP 1, mouth opening

Neck: 3cm.

**TEETH**

8 7 6 5 4 3 2 1

1 2 3 4 5 6 7 8

X = missing

G = caps/crowns

L = loose

B = bridge

D = damaged

### ALLERGIES

Nil known

### Investigations

- **Hb 11.8**

- **Blood Sugar:** NAD

- **Gp. & Save:** NAD

- **X - Ray:** NAD

### Consent:

- **GA**

- **Sedation**

- **Sickles**

- **Spinal**

- **Regional**

- **Suppository**

### Notes / Discussion / Technique proposed:

Consented for GA with RSI and local anaesthetic infiltration.
Risks explained: dental damage, sore throat, post-op nausea and vomiting.

### For attention of ward staff:

(further investigations, fasting, continue/omit current medication, etc.)

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SPG2299

All orders/information regarding medication & fluids must be entered on patient's drug prescription & administration record.
INFORMATION FOR PARTICIPANTS

KEY POINTS:
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FURTHER RESOURCES

http://ceaccp.oxfordjournals.org/content/5/2/45.full.pdf+html
PARTICIPANT REFLECTION:

What have you learnt from this experience? (Please try to list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?
PARTICIPANT FEEDBACK

Date of training session:....................................................................................................................

Profession and grade:................................................................................................................................

What role(s) did you play in the scenario? (Please tick)

- Primary/Initial Participant
- Secondary Participant (e.g. ‘Call for Help’ responder)
- Other health care professional (e.g. nurse/ODP)
- Other role (please specify):
- Observer

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<tr>
<th></th>
<th>Strongly Agree</th>
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<th>Neither agree nor disagree</th>
<th>Disagree</th>
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<tr>
<td>I understand more about the scenario subject</td>
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<td>I have more confidence to deal with this scenario</td>
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Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants?  
(This is especially important if you have ticked anything in the disagree/strongly disagree box)
FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn’t it go well?

How could the scenario be improved for future participants?