DO NOT FORGET · THE SHORT CHECKLIST



Rapid sequence induction

Emergency tracheal intubation using near-simultaneous induction and neuromuscular blockade, planned around a shared difficult-airway strategy (Plans A to D) and confirmed by waveform capnography.

EM Orbit

Patient reference	Date	Time	Completed by

The 4 steps that must not be missed

- [ ] DURING

Confirm placement with a sustained waveform capnography trace; no trace means wrong place, even in cardiac arrest

Remove the tube unless there is a clear alternative explanation; in cardiac arrest, a flat trace with good CPR still means oesophageal placement until proven otherwise.

- [ ] DURING

Stop laryngoscopy and oxygenate if SpO2 falls below about 93% or the attempt is prolonged

Each attempt should be optimised; do not persist with repeated identical attempts.

- [ ] DURING

Limit to 3 laryngoscopy attempts (a fourth only by a more experienced operator); then declare failed intubation and move to Plan B

- [ ] DURING

If you cannot intubate and cannot oxygenate, declare it aloud and perform scalpel cricothyroidotomy immediately

Scalpel, bougie, tube technique; see the surgical airway procedure. Do not delay while SpO2 falls further.



The short list: an aid to memory, not the whole procedure. The full checklist is at the QR code. It does not replace your local protocol or your clinical judgement.