



CHECKLIST

RSI — pre-intubation checklist

Patient, equipment, drugs, team, plan — read aloud before induction



EM Orbit

Patient reference

Date

Time

Completed by

A read-aloud checklist, one person reads and one confirms. Aim: first-pass success without hypoxia or hypotension.

Patient

- ☐ **Preoxygenate 3 minutes tight-fitting mask (or 8 vital-capacity breaths); nasal cannula 15 L/min for apnoeic oxygenation**

NIV or high-flow nasal oxygen if saturations will not rise.

- ☐ **Position: ramped, ear to sternal notch; head of bed up 20–30°**

- ☐ **Resuscitate before intubating: SBP > 100 mmHg, fluid running, push-dose pressor drawn up**

Shock index > 0.9 predicts post-intubation collapse. Reduce induction dose in shock.

- ☐ **Airway assessment done and difficulty predicted: LEMON, MACOCHA, previous airway history**

If difficult → difficult airway checklist and plan for an awake or double set-up approach.

- ☐ **Aspiration risk managed: suction on, NG decompressed if present**

- ☐ **Monitoring: SpO₂ with audible tone, NIBP cycling every 1–2 minutes or arterial line, ECG**
- ☐ **IV access ×2, working**

Drugs

- ☐ **Induction agent chosen and dosed for haemodynamics: ketamine 1–2 mg/kg (0.5–1 in shock) or etomidate 0.3 mg/kg; propofol only if stable**
- ☐ **Neuromuscular blocker: rocuronium 1.2 mg/kg or suxamethonium 1.5 mg/kg (check contraindications)**
Sugammadex 16 mg/kg available if rocuronium.
- ☐ **Push-dose vasopressor and fluids at hand; atropine for children**
- ☐ **Post-intubation sedation and analgesia infusions prepared**

Equipment

- ☐ **Suction (Yankauer) under the pillow, working**
- ☐ **Bag-valve-mask with PEEP valve, oxygen connected**
- ☐ **Laryngoscope ×2 (video + direct), lights checked; blades of two sizes**
- ☐ **Tube: planned size plus one smaller, cuff checked; stylet or bougie loaded; 10 mL syringe; tie**
- ☐ **Waveform capnography connected and reading**
- ☐ **Supraglottic airway (size by weight) and scalpel-bougie front-of-neck kit open**
- ☐ **Ventilator set up: mode, tidal volume 6–8 mL/kg IBW, PEEP 5, FiO₂ 1.0; circuit checked**

Team and plan

- ☐ **Roles assigned: intubator, airway assistant, drugs, monitoring/time-keeper, runner**
- ☐ **Plan A–D stated aloud: laryngoscopy → supraglottic airway → face-mask → front-of-neck access**
Maximum 3 laryngoscopy attempts (3 + 1 with a different operator). Declare failure early.
- ☐ **Who to call if difficult, and how — anaesthesia / ENT number known**
- ☐ **Allergies, weight, last meal confirmed; consent or emergency justification documented**

Children: doses and sizes in the paediatric calculator. · Consider delayed-sequence intubation with ketamine for the agitated hypoxic patient who will not tolerate preoxygenation.



A drafted aid to memory, awaiting senior review. It does not replace your local protocol or your clinical judgement. Source: DAS 2015 · Resus before intubation principles. EM Orbit · Emergency medicine, in one orbit · rsi · red rows are the steps that must not be missed