SAQ – RSI Answers

What patient factors may make rapid sequence intubation difficult or impossible? (3 marks)

Upper airway obstruction

Distorted facial or neck anatomy (congenital or acquired)

Poor cervical mobility (acute or chronic)

What alternatives should be considered in these cases? (2 marks)

Awake fibre-optic intubation under local anaesthetic

Awake surgical airway (cricothyroidotomy or tracheostomy)

List the steps of preparation for rapid sequence induction (5 marks)

Staff – assemble skilled team, call for expert help if required (anaesthetics/ENT)

Equipment – appropriate size laryngoscope, ETT, syringe, tape, suction, oxygen, airway adjuncts and rescue plan for can’t intubate/can’t ventilate,

Drugs – induction and paralysis agents, pressor, IV fluids with multiple, secure access.

Patient – assess airway and C-spine, fasting status, allergies, medications; pre-oxygenate, optimise position

Monitoring – continuous ECG monitoring, pulse oximetry, BP monitoring and end-tidal CO2 monitor