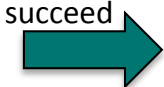


# DEFAULT STRATEGY FOR FAILED RSI IN ADULTS

**Plan A:**  
initial tracheal intubation plan

**direct laryngoscopy**

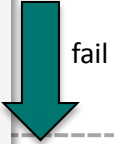
- RSI CHECKLIST
- pre-oxygenate
- position: 'ear to sternal notch'- 'RAMP' if obese
- paralysis & sedation for all
- cricoid pressure for all initially but release if poor view and apply External Laryngeal Manipulation
- bougie for all



**tracheal intubation**

verify with ETCO<sub>2</sub>

- maximum 2 attempts in 2 mins
- re-oxygenate if SpO<sub>2</sub> <90% with 2 person BVM + OPA + NPA
- CALL ANAESTHETICS IF PLAN A FAILS (ext: 3186)



**Plan B:**  
secondary tracheal intubation plan

**video laryngoscopy**

- as difficult airway, maximise laryngeal view by avoiding cricoid pressure and by using External Laryngeal Manipulation



**tracheal intubation**

verify with ETCO<sub>2</sub>

- maximum 2 attempts in 2 mins
- re-oxygenate if SpO<sub>2</sub> <90% with 2 person BVM + OPA + NPA



**Plan C:**  
maintenance of oxygenation/ ventilation

**LMA**

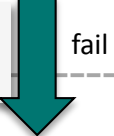
- avoid cricoid pressure

improved oxygenation



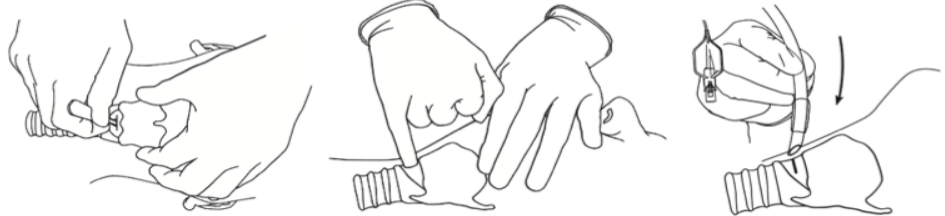
**contact anaesthetics (ext: \_\_\_\_\_) for fiberoptic intubation**

- maximum 2 attempts in 2 mins
- plan D if SpO<sub>2</sub> <75%



**Plan D:**  
rescue techniques for "can't intubate can't ventilate" situation

**scalpel/ finger/ tube cricothyroidotomy**



scalpel

finger

tube

modified from www.das.co.uk