

ANAESTHESIA/SEDATION

General anaesthetics and rapid sequence induction should be carried out by an anaesthetist. Page the on-call ITU anaesthetist on pg. 6004 if you need their help. Sedation should generally be avoided. It is used in certain circumstances (reduction of shoulder and elbow dislocations) but the following rules should be observed:

1. Two doctors present at all times. One of who must be consultant/middle grade. At least one nurse.
2. Obtain patient consent for the procedure.
3. Appropriate history, i.e. when did they last eat and drink, general medical fitness/past history/allergies.
4. Patient should be in the resuscitation room with an ECG monitor on, pulse oximeter, oxygen applied. Intravenous access must also be secured.
5. Midazolam is drug most often used. Start with small dose and slowly titrate to suitable response.

Clyde ED Emergency Anaesthesia Checklist

| PLANNING | |
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| Rapid Sequence Intubation indicated? | |
| Inform ED consultant | |
| Consider contacting ICU team if difficult/complex patient | |
| ABCD assessment and airway assessment (LEMON) | |
| Consider modifications to standard RSI | |
| TEAM PREPARATION | |
| Team roles allocated / Team leader | |
| - Airway / intubation | |
| - Cricoid pressure – check technique | |
| - Airway equipment assistant | |
| - Manual Inline Stabilisation (if required) | |
| PATIENT PREPARATION | |
| Establish monitoring and ensure visible to team leader | |
| iv access x2 | |
| iv fluids able to run freely | |
| Pre-oxygenation optimal – consider modifications | |
| Trolley can tip head down, 360° access to patient | |
| EQUIPMENT PREPARATION | |
| Suction working, accessible to right side of airway | |
| Two working laryngoscopes – Mac 3 & Mac 4 blades | |
| ETT x2 (9.0mm – male/8.0mm – female + smaller size) | |
| 20ml syringe | |
| ETT cuffs checked, check if lubricant required | |
| Catheter mount | |
| Filter | |
| Capnography set up and attached to filter | |
| Tube tie or tape | |
| Stethoscope | |
| McGill's forceps | |
| Bougie & Stylet available, check if intubator wishes to use on 1 st attempt | |
| Difficult airway trolley at patient; check LMA & surgical airway available | |
| DRUGS | |
| Induction agent – consider modifications to standard | |
| Suxamethonium – 1.0 to 1.5mg/kg; caution raised K+, burns or spinal injury >24hours, muscle denervation, previous MH | |
| Emergency Drugs (prefilled syringes) – ephedrine, atropine & adrenaline | |
| Consider pressor at induction or available for use | |
| FINAL TEAM BRIEF | |
| Confirmation of individual roles and actions | |
| Failed intubation procedure | |
| POST INTUBATION | |
| Check ETCO ₂ , equal air entry, repeat NIBP / check ABP | |
| Maintain anaesthesia & paralysis, consider analgesia | |