

RSI taktik



...det som ikke er farmakologi....

Plan.....

- Hvorfor og Hvem
- Præoxygenering
- Lejring / placering
- "TAKTIK"

...men anæstesilæger kan jo alt dette fra før.....
BEVIDSTGØRELSE

RSI indications

Impaired oxygenation

Impaired ventilation

Airway obstruction

Reduced level of consciousness

Predicted clinical course

Humanitarian reasons



GCS = 9 er blot et tal

Som kan opstå ved 18 forskellige kombinationer af
E – V – M

Og siger intet om svælgrefleks....

Og GCS = 3 kan fortsat have svælgreflekser

OBS: Physiologisk stress ved hovedskader

**"SUX only" intubation er farligt
Ting skal gøres ordentligt !**



Monitoring

Fluid

Drugs

Continuation of
anaesthesia

MILS

Injuries

Noise

Equipment

Team-work

Intubation

Failed airway

Light

Muscle paralysis



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A TEAM



And each member should be a team-player...but..

Safe Pre-Hospital RSI

WORST Doctor

WORST Paramedic

WORST Conditions

WORST Patients

SAFE

Rapid Sequence Intubation

Kit Dump Check List Training Pre-drawn drugs



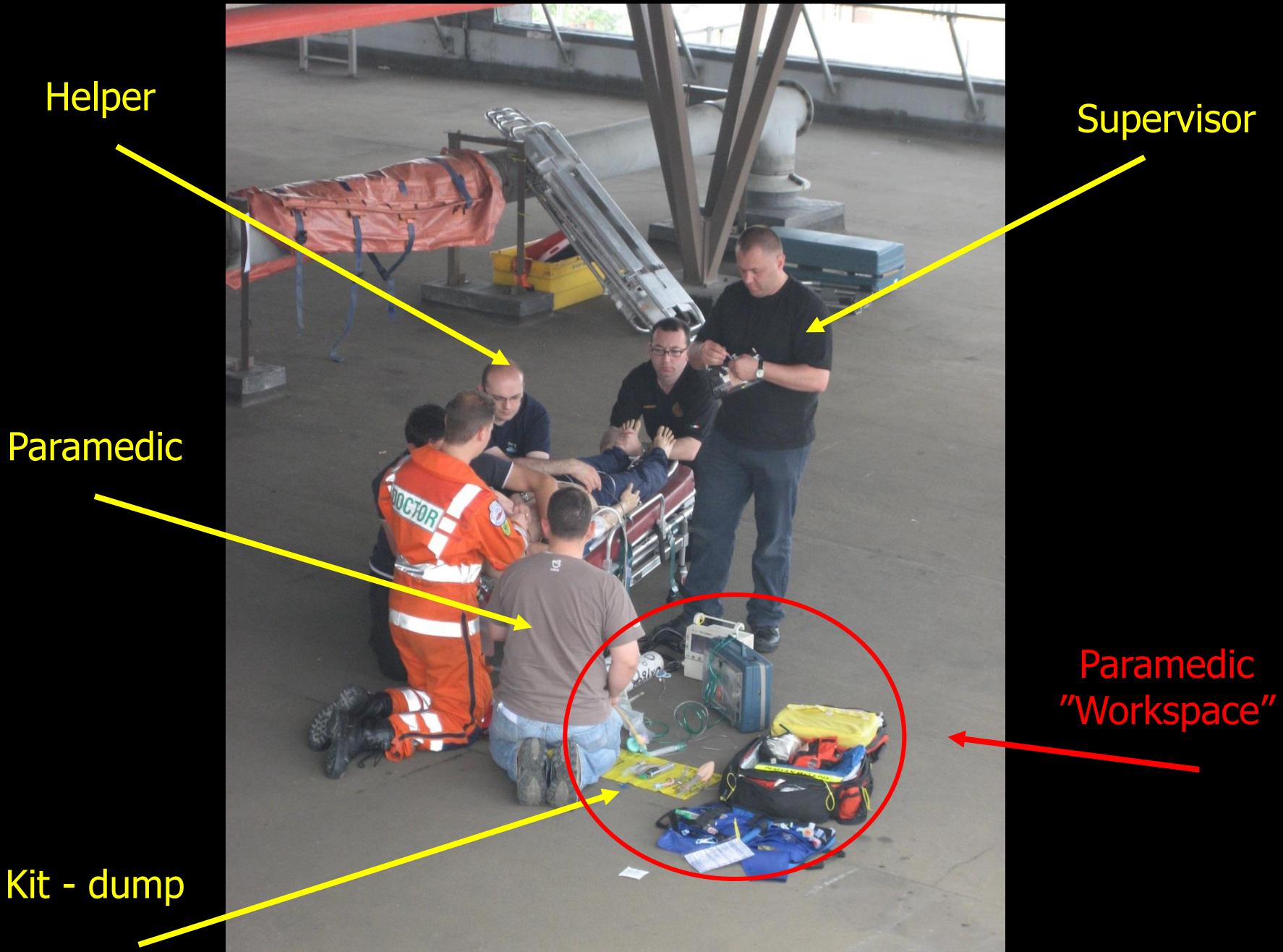
HEMS pre-RSI challenge-response check list	
<small>Note: This checklist is for stable patients. Time should not be wasted on agonal patients who require precipitant RSI (where pre-oxygenation and obtaining a set of obs may not be possible).</small>	
Oxygen mask on tight & reservoir bag moving with ventilation.....	Check
Oxygen cylinder >half full & spare cylinder next to patient.....	Check
Propaq on turbcuff & baseline BP seen.....	Check
Baseline saturation seen.....	Check
IVI / Drugs	
Cannula connected to fluid and runs easily.....	Check
Spare cannula in situ.....	Check
Induction agent dose chosen.....	x mg Check
Suxamethonium dose chosen.....	x mg Check
Drug giver briefed.....	Check
In-line immobiliser briefed.....	
Cricoid pressure person briefed.....	Check
Laryngoscopes	
Laryngoscope: blade size chosen & bulb working.....	Check
Alternate laryngoscope blade size chosen.....	Check
Back-up laryngoscope bulb working.....	Check
McCoy working.....	Check
Suction working.....	
Hand-held back-up suction available.....	Check
Check	
ET tubes	
Bougie size chosen.....	Check
Tube size chosen.....	x Check
Tube cuff tested.....	Check
Syringe for cuff.....	Check
Alternate tube size chosen.....	x Check
BVM connected to oxygen.....	
Circuit: filter, CO ₂ detector and Easycap.....	Check
Tube tie.....	Check
Intubating LMA available.....	Check
Surgical airway kit available.....	Check
Guedel airway & 2 nasopharyngeal airways for rescue ventilation.....	Check



En korrekt placeret nakkekrage
FORHINDRER intubation



Organise team + Equipment



«MUST» happen.....



Parallelle handlinger

Trække medicin op

Koordinering af opgaver

altså lægge og KOMMUNIKERE en PLAN !!

Tenke triage og leveringssted



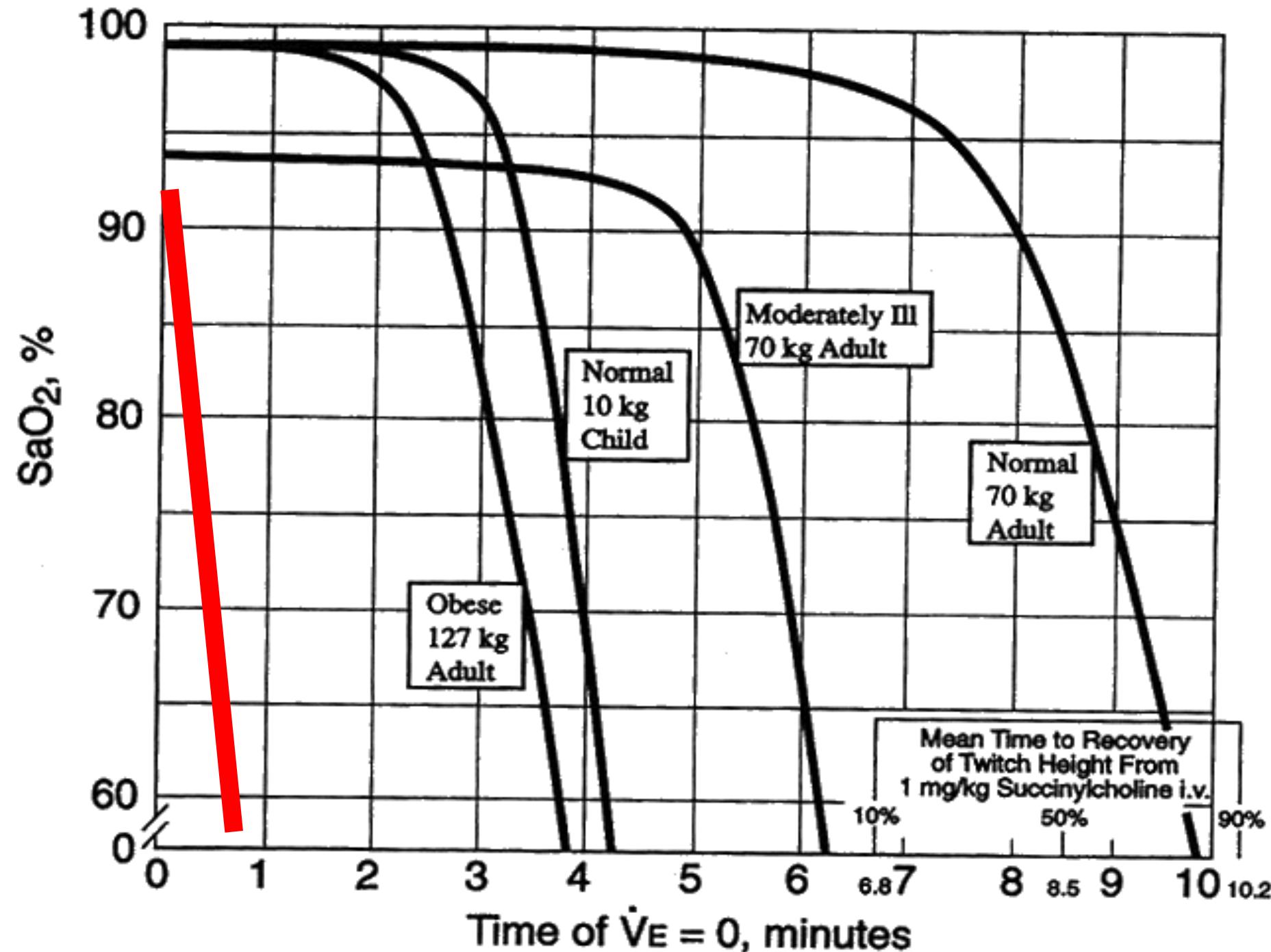
Proper preoxygenation



Obesitas



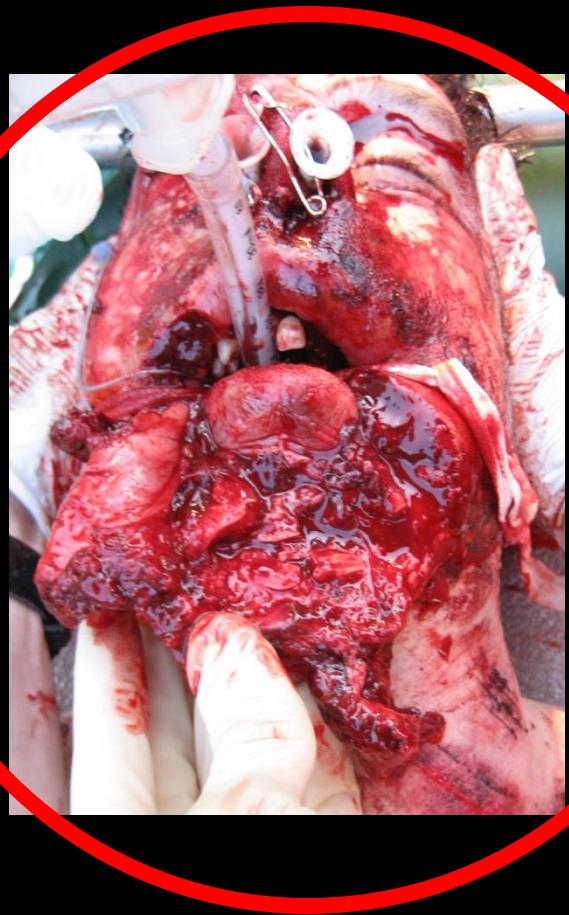
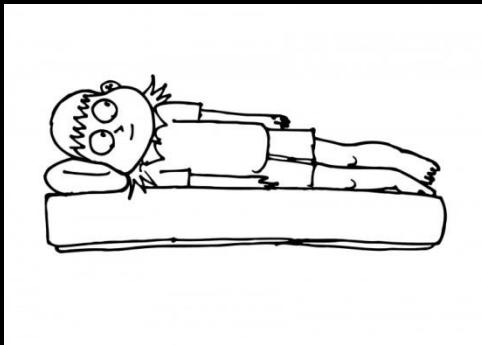
Positioning and PEP



APNOE
OXYGENATION



Sideleje



Siddende



J.Trauma, mai-2005

"The impact of Prehospital Endotracheal Intubation on outcome in Moderate to Severe Traumatic Brain Injury"(Davis et al, San Diego):

Conclusion; Prehospital intubation is associated with a decrease in survival among patients with moderate to severe TBI. More critically injured patients may benefit from prehospital intubaion but may be difficult to identify prospectively.

MEN MEN MEN.....

.....MEN MEN MEN

Undersøkelse fra USA; "det går dårligere med de intuberte"

MEN blev det
egentlig gjort
ordentligt ????

MEN:

- Ikke anestesileger ute
- Ingen bruk av medisiner for intubation
- Stor andel var feilintuberte uten at det ble oppdaget

TOP TIPS



Flyt patienten

Reducer støj

Tænk over lys

Tænk over Sol

Arbejdshøjde



Maximize your first attempt!

Safe Pre-Hospital RSI

Do the RSI where it is easy

NOT where you find the patient

Ensure 360° access

Get the patient to walk if necessary

Ensure that lightning & noise levels are optimal!

Get the patient on a trolley at knee height

WORST Doctor
WORST Paramedic
WORST Conditions
WORST Patients

SAFE

COLD INTUBATION

NIX

No such thing as a shux-only intubation...

