

RAPID SEQUENCE INDUCTION

MODULE: NOVICE

TARGET: NOVICE ANAESTHETISTS

BACKGROUND:

This scenario is intended to allow a novice anaesthetist in his/her first few weeks of anaesthetic training to perform an uncomplicated rapid sequence intubation in simulated conditions.

RELEVANT AREAS OF THE ANAESTHETIC CURRICULUM

IG_BS_01	Demonstrates safe practice in checking the patient in the anaesthetic room
IG_BS_02	Demonstrates appropriate checking of equipment prior to induction, including equipment for emergency use
IG_BK_03	In respect of the equipment in the operating environment: <ul style="list-style-type: none"> • Demonstrates understanding of the function of the anaesthetic machine, including: <ul style="list-style-type: none"> ○ Performing proper pre-use checks ○ Changing/checking the breathing system.
IG_BS_04	Demonstrates safe practice in selecting, checking, drawing up, diluting, labelling and administering of drugs.
IG_BS_06	In respect of monitoring: <ul style="list-style-type: none"> • Demonstrates appropriate placement of monitoring, including ECG electrodes and NIBP cuff • Manages monitors appropriately e.g. set alarms; start automatic blood pressure • Demonstrates proficiency in the Interpretation of monitors
IG_BS_07	Demonstrates effective pre-oxygenation, including correct use of the mask, head position and clear explanation to the patient.
IG_BS_08	In respect of intravenous induction: <ul style="list-style-type: none"> • Makes necessary explanations to the patient • Demonstrates satisfactory practice in preparing drugs for the induction of anaesthesia • Demonstrates proper technique in injecting drugs at induction of anaesthesia • Manages the cardiovascular and respiratory changes associated with induction of general anaesthesia
IG_BS_10	In respect of airway management: <ul style="list-style-type: none"> • Demonstrates optimal patient position for airway management. • Manages airway with mask and oral/nasopharyngeal airways • Demonstrates hand ventilation with bag and mask • Able to insert and confirm placement of a Laryngeal Mask Airway • Demonstrates correct securing and protection of LMAs/tracheal tubes during movement, positioning and transfer
ES_BS_03	Manages rapid sequence induction in the high risk situation of emergency surgery for the acutely ill patient

INFORMATION FOR FACULTY

LEARNING OBJECTIVES:

- Preparation and checks prior to inducing anaesthesia
- Safe rapid sequence induction technique

SCENE INFORMATION:

- Location: Anaesthetic Room
- Expected Duration of Scenario: 15 minutes
- Expected Duration of Debriefing: 25 minutes

EQUIPMENT & CONSUMABLES

Manikin – On theatre trolley.
 Checked anaesthetic machine
 Stocked Airway trolley & Simulated Anaesthetic drugs

PERSONS REQUIRED

Anaesthetic Novice
 Anaesthetic Assistant
 Anaesthetic Senior Trainee/Consultant

PARTICIPANT BRIEFING: (TO BE READ ALOUD TO PARTICIPANT)

This is a fit and well 26 year old patient due to undergo anaesthesia for a strangulated hernia repair. The patient has no medical problems, no regular medication use and no allergies. The patient is not fasted and is consented for the operation. Their airway examination is unremarkable.

Please perform the anaesthetic induction.

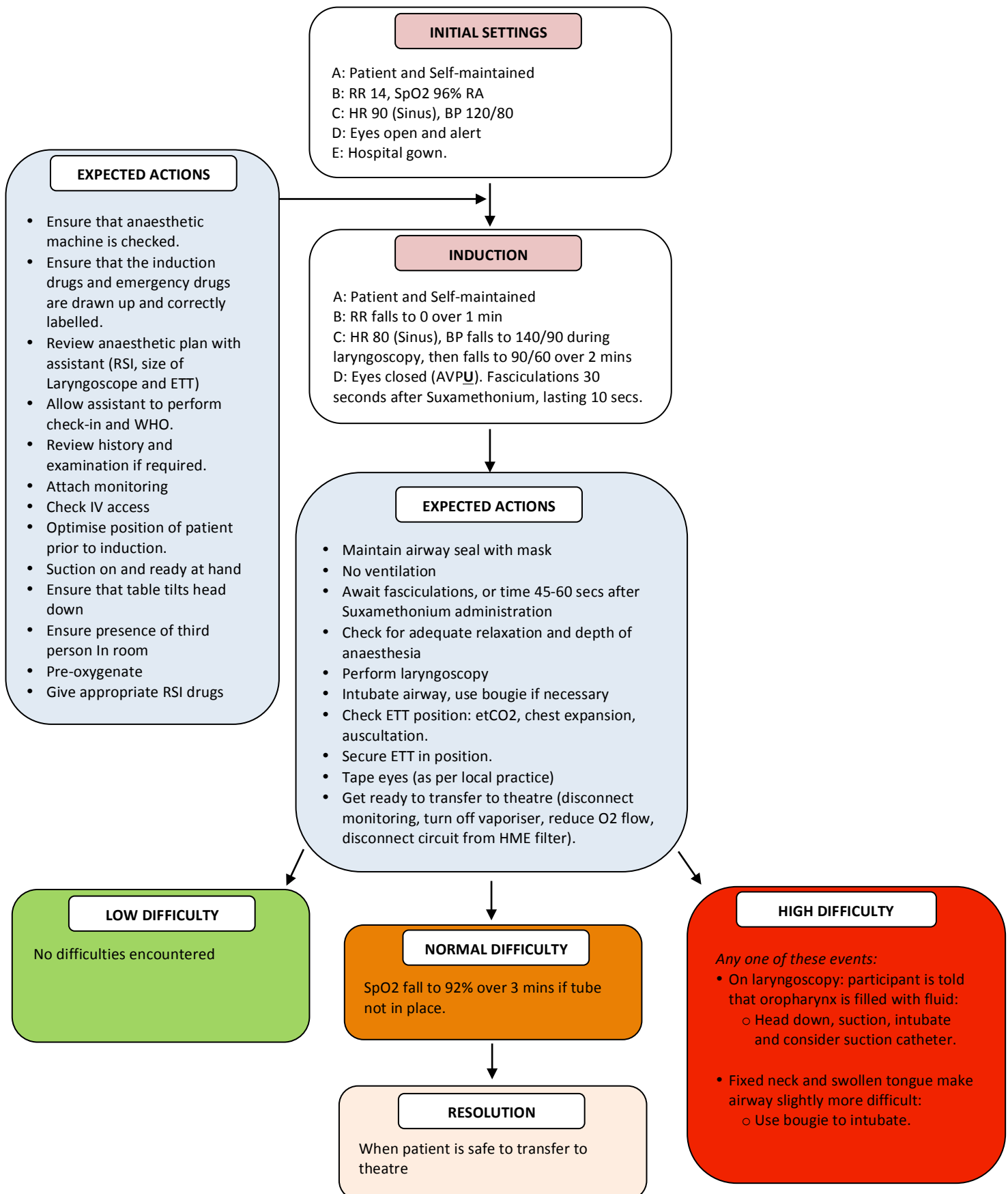
'VOICE OF MANIKIN' BRIEFING:

You are 26 years old and due to have a repair of a strangulated hernia. The hernia has been coming and going over the last two days. The pain has been increasing and you have vomited twice since yesterday. You are otherwise well with no medical problems or allergies. You have never had an operation before.

'ANAESTHETIC ASSISTANT' BRIEFING:

Perform pre-operative checks when the patient arrives in the anaesthetic room (check ID, medical history, dental state, fasting state, surgical site marked, consent signed etc.). Help the participant attach monitoring and IV access (if required). Assist the participant in performing the rapid sequence induction of anaesthesia.

CONDUCT OF SCENARIO



ANAESTHETIC RECORD SHEET



PATIENT DETAILS / ADDRESSOGRAPH
 Hospital No. _____

SURNAME: Michael Robson
 (Block Letters)

FORENAMES: 26 years old

Address: _____
 Ward/Hosp: _____

DOB: _____ Sex: M / F

Procedure(s) proposed:
Strangulated Inguinal Hernia repair

CEPOD CLASS: ELECTIVE / SCHEDULED / URGENT / EMERGENCY

Anaesthetist's preoperative assessment by

Name: _____ Grade: Cons AS SG Trainee _____

Date: _____ Time: _____ Signature _____

Anaes / Surg history:

No previous GAs

Medical history:

Fit and well usually.

Reducible hernia present for several weeks. Has become irreducible, hard and painful over the last 48 hours. 2 x episodes of vomiting in the last 12 hours.

VTE Risk: High Low

NBM since Solids: _____ Pregnancy: **Neg**
 Clear Fluids: _____ Lactation: _____

O/E

Unremarkable

Airway Assessment

Mouth Opening:
 MP Score: 1 2 3 4
 Jaw: **MP 1, mouth opening**
 Neck: 3cm.

TEETH

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

X = missing L = loose B = bridge
 C = caps / crowns D = damaged

ASA

BP: _____

HR: _____

Temp: _____

Weight: _____

Height: _____

BMI: _____

Smoke: _____

Alcohol: _____

Apfel Score _____

Relevant Medication History

ALLERGIES

Nil known

Investigations

Haematology FBC
 Hb 11.8

Biochemistry U & E
 NAD

Coag. NAD

Gp. & Save

X - Match

Sickle: _____

Blood Sugar: _____

ECG NAD

X - Ray

Other: _____

CONSENT: GA Sedation Epidural Spinal Regional Suppository
 PCA EPCA Other

Notes / Discussion / Technique proposed:

Consented for GA with RSI and local anaesthetic infiltration.
 Risks explained: dental damage, sore throat, post-op nausea and vomiting.

Anaesthetic Information leaflet received by patient

For attention of ward staff: (further investigations, fasting, continue/omit current medication, etc.)

DEBRIEFING

POINTS FOR FURTHER DISCUSSION:

DEBRIEFING RESOURCES

INFORMATION FOR PARTICIPANTS

KEY POINTS:

- Preparation and checks prior to inducing anaesthesia
- Safe rapid sequence induction technique

RELEVANCE TO AREAS OF THE ANAESTHETIC CURRICULUM

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FURTHER RESOURCES

Sinclair R, Luxton M. Rapid Sequence Induction. Contin Educ Anaesth Crit Care Pain 2005. 5(2): 45-48
<http://ceaccp.oxfordjournals.org/content/5/2/45.full.pdf+html>

PARTICIPANT REFLECTION:

What have you learnt from this experience? (Please try to list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify):	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants?
 (This is especially important if you have ticked anything in the disagree/strongly disagree box)

FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?