

(R) = RESEARCH      (P?) = NO PRESSURE STARTED.  
 (O) = OPINION.  
 PRO = PRO-CRICOID.

## Bibliography

Brock-Utne J. (2002) 'Is Cricoid Pressure Necessary?' Paediatric Anaesthesia (12) 1-4

(O) PRO. LARYNGOSCOPY DIFFICULT      (30N) ~~30N RANGE~~  
 ANATOMICAL DISTORTION      EFFICACY?  
 RUTKIE OES.

Clarke R. & Trethewy C. (2005) 'Assessment of Cricoid Pressure Application by Emergency Department Staff' Emergency Medicine Malaysia 70 376-71

PRO (R) TRAINING MODELS ← STANDARDISED TRAINING      (30-40N)      30N RANGE  
 INCONSISTENT APPLICATION      EFFICACY?

Clayton T. & Vanner R. (2002) 'A Novel Method of Measuring Cricoid Force' Anaesthesia 57 326-329

PRO (R) TRAINING MODELS ← (30N) INCONSISTENT APPLICATION      30N RANGE

Ewart L. (2007) 'The Efficacy of Cricoid Pressure in Preventing Gastro-oesophageal Reflux in Rapid Sequence Induction of Anaesthesia' Journal of Perioperative Practice 17 (9) 433-436

(O) LARYNGOSCOPY DIFFICULT      (30N)      30N RANGE  
 ANATOMICAL DISTORTION      STANDARDISED TRAINING  
 EFFICACY?

Farman J. (2004) 'Acid Aspiration Syndrome' British Journal of Perioperative Nursing 14 (6) 266-274

(O) PRO.      (30N)      30N RANGE.

Gardiner E. & Grindrod E. (2005) Applying Cricoid Pressure British Journal of Perioperative Nursing 15 (4) 164-169

(O) PRO. TRAINING MODELS      (P?)  
 STANDARDISED TRAINING.      INCONSISTENT APPLICATION