

Rapid Sequence Induction WORKBOOK

1. Name 5 reasons why a patient will require a Rapid sequence induction:
 - I.
 - II.
 - III.
 - IV.
 - V.

2. What medication may be administered to the patient prior to a RSI?

3. What drugs may be used in a Rapid sequence induction? Why?

4. Why is pre-oxygenation important?

5. What equipment would you require for RSI, how would you prepare it?

6. Why is it important to check the head down tilt on the patient trolley/bed?

7. What are the complications of RSI?

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8. What is the difference between regurgitating and vomiting? Why do you think you need to know this?

9. When would you release cricoid pressure?

10. What does it mean when a patient 'aspirates'?

11. What are the potential consequences of aspiration and what is the treatment?

12. What is 'Mendelsohn's syndrome'?

13. What measures do we take to prevent a patient from aspirating?

14. What is 'Sellick's manoeuvre'?

15. Describe the landmarks of a patient's anatomy that you would use to identify the cricoid cartilage?

16. Why is pressure applied to the cricoid cartilage?

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17. What does current research suggest is the recommended amount of pressure to be applied to the cricoid cartilage to prevent aspiration of stomach contents into the lungs?

 18. What are the anatomical differences when applying cricoid pressure on a small child?

 19. If you are caring for a patient with stabilisation blocks/collar in situ, what precautions would you take?

 20. What are the complications of cricoid pressure?
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