

Site Survey

1.1 Personal Details
 Full name: _____ Email: _____
 Job Role & Grade: _____ SECURE Role: _____
 (REDCap allows two contributors per form- if more then please email SECURE)

1.2 Site
 Region: _____ Hospital: _____
 Clinical area: Operating theatres Critical care areas
 Obstetric theatres Emergency department

2 Equipment & Drugs Site Data

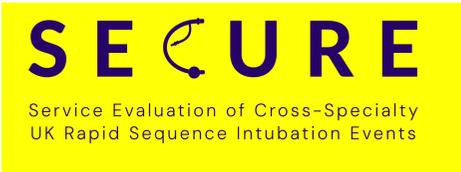
For the following question consider the availability as follows:

	a) Immediately accessible (<3 minutes)	b) Accessible (3-20 minutes)	c) Not easily accessible (>20 minutes)	d) Not available at this study site	e) Unknown
2.1 Preoxygenation - Essential Equipment					
Piped wall oxygen or oxygen cylinder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen mask with reservoir (non-rebreather mask)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-inflating bag-valve-mask with reservoir (e.g. Ambu-bag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waters' / Mapleson C circuit (or modified version)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear anaesthetic face masks (sizes 3, 4, 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oropharyngeal airways (sizes 2, 3, and 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasopharyngeal airways (sizes 6 and 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Preoxygenation - Additional Equipment					
High flow nasal oxygen device with required connectors/equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-invasive ventilation device with required connectors/equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Suction - Essential Equipment					
Portable suction (battery or manual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall-mounted/piped suction unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yankauer/rigid suction catheter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft suction catheter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Challenging Intravenous Access					
Ultrasound machine and appropriate probes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intraosseous device and needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Equipment & Drugs Site Data (Continued)

For the following question consider the availability as follows:

	a) Immediately accessible (<3 minutes)	b) Accessible (3-20 minutes)	c) Not easily accessible (>20 minutes)	d) Not available at this study site	e) Unknown
2.5 Monitoring - Essential Equipment					
ALL of: Non-invasive blood pressure monitoring (NIBP) cable and cuffs, Pulse Oximetry (SpO2), Cardiac monitoring (3-Lead ECG), Monitor block/screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative WAVEFORM capnography (with appropriate tubing and connector)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaled end-tidal O2 concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive arterial blood pressure (IABP) – with appropriate pressure monitoring system (line, transducer, cable etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative neuro-muscular monitoring (e.g. accelerometer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualitative neuro-muscular monitoring (e.g. nerve stimulator with single twitch, train of four, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processed EEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Other Intubation Equipment					
Intubation checklist (physical or digital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct: Laryngoscope handles (X2) with Macintosh 3 and 4 blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indirect: Videolaryngoscope with Macintosh 3 and 4 blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indirect: Videolaryngoscope with hyper-angulated blade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
≥2 Tracheal tubes, cuffed, size range 6.0 - 8.0mm ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syringes, lubrication and method(s) for fastening tube (e.g. ties, adhesive tape, tube securing device)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigid stylet (for use with videolaryngoscope, of same manufacturer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard bougie (non-dynamic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dynamic bougie (with steerable tip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magill forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st generation supraglottic airway devices (sizes 3, 4 and 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd generation supraglottic airway devices (sizes 3, 4 and 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Site Survey

2 Equipment & Drugs Site Data (Continued)

a) Immediately accessible (<3 minutes) b) Accessible (3-20 minutes) c) Not easily accessible (>20 minutes) d) Not available at this study site e) Unknown

2.7 Additional Equipment

Nasogastric tube various sizes (fine-bore feeding and/or wide-bore Pyle's)	<input type="checkbox"/>				
Pre-printed drug labels/stickers (a range of)	<input type="checkbox"/>				
Mechanical ventilator (any type, including portable)	<input type="checkbox"/>				
Mechanical Ventilator (portable in design)	<input type="checkbox"/>				

2.8 Difficult Airway

- (i) Is there a dedicated difficult airway trolley in your clinical area? YES NO *if no go to Q2.8 (iv)*
 (ii) Is this stocked according to 2025 DAS difficult airway principles? YES NO *if yes go to Q2.8 (iv)*

https://database.das.uk.com/content/dat_labels

(iii) If there is a difficult airway trolley but not stocked according to these principles, what items are NOT included?

Top of Trolley NOT included Laminated DAS Difficult Airway Algorithm <input type="checkbox"/> Access to videolaryngoscope <input type="checkbox"/> Access to flexible optical intubating bronchoscope <input type="checkbox"/>	Drawer A - Plan A: Primary Intubation NOT included Laryngoscope handles (standard + short) <input type="checkbox"/> Macintosh blades sizes 3 and 4 <input type="checkbox"/> Tracheal tubes (sizes 5.0–8.0 mm) <input type="checkbox"/> Nasal tubes <input type="checkbox"/> Stylets and bougies <input type="checkbox"/>	Drawer B - Plan B: Supraglottic Airway NOT included 2nd-generation supraglottic airway device (SGA e.g., i-gel, LMA Supreme) <input type="checkbox"/> 2nd type of 2nd-generation SGA (e.g. iGel, LMA supreme) <input type="checkbox"/> SGA of any type size 3, 4, and 5 <input type="checkbox"/> Orogastric tubes (sizes 12–14) <input type="checkbox"/> Breakaway oropharyngeal airway (e.g. Berman airway) <input type="checkbox"/> Swivel ETT connector <input type="checkbox"/>
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Drawer C - Plan C: Facemask NOT included Face masks (size 3 and 4, plus paediatric/neonatal if required) <input type="checkbox"/> Oropharyngeal airways (sizes 7–11 cm) <input type="checkbox"/> Nasopharyngeal airways (sizes 6.0–8.0 mm) <input type="checkbox"/> Sugammadex (sufficient for rapid reversal of RSI dose rocuronium, pre-labelled) <input type="checkbox"/>	Drawer D - Plan D: Emergency Front-of- NOT included Scalpel with size 10 blade <input type="checkbox"/> Bougie (e.g. Frova) <input type="checkbox"/> Cuffed ETT size 6.0 mm <input type="checkbox"/>
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2 Equipment & Drugs Site Data (Continued)

(iv) Are FONA equipment, other than scalpel-bougie-tube, available in your clinical area?

Tick all that apply

Narrow bore Cricothyroid needle and 'jet ventilator/injector'	<input type="checkbox"/>	Wider bore (>2mm) Cricothyroidotomy set (e.g. melker kit, quicktrach or similar)	<input type="checkbox"/>	Surgical airway kit ("surgical tracheostomy set")	<input type="checkbox"/>
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(v) What other equipment is available within your clinical area to manage a difficult airway?

Tick all that apply

Bronchoscope	<input type="checkbox"/>	Airway exchange catheter	<input type="checkbox"/>	Aintree intubation catheter	<input type="checkbox"/>
Micro-laryngeal tube	<input type="checkbox"/>	Intubating LMA	<input type="checkbox"/>	10f paediatric bougie	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please indicate: _____			

(vi) Are there any other laryngoscopy blades within your clinical area OR your difficult intubation trolley?

Tick all that apply

Direct Macintosh blade • Additional standard sizes (1–5) <input type="checkbox"/> Macintosh blade • Left-handed <input type="checkbox"/> Miller blade(s) <input type="checkbox"/> Wis-Hipple blade(s) <input type="checkbox"/> McCoy blade(s) <input type="checkbox"/> Polio blade(s) <input type="checkbox"/> Robertshaw / Seward blade(s) <input type="checkbox"/>	Indirect Macintosh style • Additional standard sizes (1–5) <input type="checkbox"/> Channelled <input type="checkbox"/> Fibreoptic compatible/optical blades <input type="checkbox"/> Other <input type="checkbox"/> Please indicate: _____
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(vii) Which manufacturer's videolaryngoscopes do you use?

Tick all that apply

Airtraq	<input type="checkbox"/>	Ambu	<input type="checkbox"/>	Heine	<input type="checkbox"/>
Glidescope - single use	<input type="checkbox"/>	Glidescope - reusable	<input type="checkbox"/>	Intavent	<input type="checkbox"/>
McGrath	<input type="checkbox"/>	Pentax AWS	<input type="checkbox"/>	Storz (CMAC) - single use	<input type="checkbox"/>
Storz (CMAC) - reusable	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please indicate: _____	

Site Survey

2 Equipment & Drugs Site Data (Continued)

(viii) Is the 'screen' component of your most widely available videolaryngoscope integrated, or separate to the handle and blade?

Integrated (e.g. McGrath) Separate

(ix) Which 2nd generation SGA is most widely available?

Ambu Aura i-gel i-gel Plus

LMA ProSeal LMA Protector LMA Supreme

Other Please indicate: _____

2.9 TIVA/TCI and Processed EEG

(i) Are there target controlled infusion (TCI) pumps available in this clinical setting for giving total intravenous anaesthesia (TIVA)? *If no or unknown go to Q2.9 (iii)*

Yes No Unknown

(ii) Which TCI models are available for use routinely?

Tick all that apply

Marsh Schnider Elefeld

Minto Other Please indicate: _____

(iii) If EEG is available at your site- which one is available during RSI?

Tick all that apply. If no EEG is available at your site then go to Q2.10

BIS Sedline Narcotrend

Entropy CONOX Raw EEG Module

Other Please indicate: _____

2 Equipment & Drugs Site Data (Continued)

2.10 Drugs in your clinical area:

Please do not include drugs you would have to source from pharmacy or other clinical areas. Under 20 minutes to source and draw up. Otherwise state "Not available"

	Available	Not available
Induction agents		
Propofol	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>
Etomidate	<input type="checkbox"/>	<input type="checkbox"/>
Midazolam	<input type="checkbox"/>	<input type="checkbox"/>
Thiopentone	<input type="checkbox"/>	<input type="checkbox"/>
NMB for RSI		
Rocuronium	<input type="checkbox"/>	<input type="checkbox"/>
Suxamethonium	<input type="checkbox"/>	<input type="checkbox"/>
Opiate		
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>
Morphine	<input type="checkbox"/>	<input type="checkbox"/>
Alfentanil	<input type="checkbox"/>	<input type="checkbox"/>
Remifentanyl	<input type="checkbox"/>	<input type="checkbox"/>
Reversal		
Suggamadex	<input type="checkbox"/>	<input type="checkbox"/>
Neostigmine (or neostigmine-glycopyrronium pre-mixed vials)	<input type="checkbox"/>	<input type="checkbox"/>
Prokinetics and antacids		
Prokinetics (e.g. metoclopramide)	<input type="checkbox"/>	<input type="checkbox"/>
Proton pump inhibitor (PPI)	<input type="checkbox"/>	<input type="checkbox"/>
Histamine-2 receptor antagonists	<input type="checkbox"/>	<input type="checkbox"/>
0.3M Sodium Citrate	<input type="checkbox"/>	<input type="checkbox"/>
Emergency stock		
Metaraminol	<input type="checkbox"/>	<input type="checkbox"/>
Ephedrine	<input type="checkbox"/>	<input type="checkbox"/>
Atropine	<input type="checkbox"/>	<input type="checkbox"/>
Glycopyrrolate	<input type="checkbox"/>	<input type="checkbox"/>
Adrenaline 1mg (= 10 mL 1:10,000), or as a prefilled syringe	<input type="checkbox"/>	<input type="checkbox"/>
Adrenaline 1mg (1ml 1:1000)	<input type="checkbox"/>	<input type="checkbox"/>
Amiodarone 300mg, or as a prefilled syringe	<input type="checkbox"/>	<input type="checkbox"/>
Adenosine	<input type="checkbox"/>	<input type="checkbox"/>
Calcium chloride 10 mL 10% or gluconate 10ml 10%	<input type="checkbox"/>	<input type="checkbox"/>
Noradrenaline	<input type="checkbox"/>	<input type="checkbox"/>
Phenylephrine	<input type="checkbox"/>	<input type="checkbox"/>
Vasopressin	<input type="checkbox"/>	<input type="checkbox"/>
Dobutamine	<input type="checkbox"/>	<input type="checkbox"/>
Dopamine	<input type="checkbox"/>	<input type="checkbox"/>

Site Survey

3 Personnel and Training

3.1 Personnel

QUESTIONS with ** are only for those reporting for Clinical Area: Operating Theatres (non-obstetric)

(i) Does your department have a designated 'Airway Lead' responsible for airway management and its governance?

Yes

No

Unknown

(ii)** How many distinct on-call anaesthetic tiers are 'ON SITE' (all grades), during the selected time period, typically covering unscheduled/emergency work?

This is often referred to as the 'on-call rotas, including consultant tiers'. More information guidance available on redcap and/or FAQ's. Please leave blank if not known.

Weekdays In hours 0800-1800 _____ Weekend In hours 0800-1800 _____

Weekday Evening 18:00-20:00 _____ Weekend Evening 18:00-20:00 _____

Weekday Nights 20:00-08:00 _____ Weekend Nights 20:00-08:00 _____

(iii)** Is a distinct (i.e. different from the standard medical emergency team), difficult airway response team (known in some hospitals as a DART team, or anaesthetic or airway emergency team) available?

If not available or unknown go to Q 3.1v

Accessible at all hours Accessible variably - at some hours Not available Unknown

(iv)** If yes, who typically forms part of your DART (or equivalent) team? Please select all that apply.

Anaesthesia

Anaesthetic resident doctor (or equivalent)

Anaesthetic associate specialist

Anaesthetic consultant

Anaesthetic assistant (including ODP, anaesthetic nurse, or anaesthetic nurse practitioner)

Anaesthesia associate, or Physician assistant in anaesthesia (or equivalent)

Other

Medical emergency team (including medical registrar)

Intensive Care

ICU resident doctor (or equivalent)

ICU associate specialist

ICU consultant

ICU nurse

Critical care outreach nurse/ ACCP/physician assistant (or equivalent)

Other: _____

Head and Neck

ENT or maxfax resident doctor (or equivalent)

ENT or maxfax associate specialist

ENT or maxfax consultant

ENT or maxfax staff nurse

ENT specialist practitioner/ physician assistant (or equivalent)

(v) Is an airway-trained practitioner mandated to be available and on site within your clinical area 24/7?

If yes or unknown go to Q3.1(vii)

Yes

No

Unknown

(vi) What hours are mandated? Tick any that apply

Weekdays In hours 0800-1800 Weekend In hours 0800-1800

Weekday Evening 18:00-20:00 Weekend Evening 18:00-20:00

Weekday Nights 20:00-08:00 Weekend Nights 20:00-08:00

Other: _____

3.1 Personnel (continued)

(vii) Out-of-hours select the most junior grade of doctor within your clinical area who might be required to lead an RSI independently? (RCoA 2b, 3, or 4 supervision)

CT/ST1-2 (or fellow/equivalent)

SAS (or equivalent)

CT/ST 3-4 (or fellow/equivalent)

Associate specialist

ST 5-7 (or fellow/equivalent)

Consultant

(viii) Are there ever additional non-doctors in your clinical area who might be required to lead an RSI independently? (RCoA 2b, 3, or 4 supervision)

Anaesthesia associate/physician assistant in anaesthesia

Critical care outreach nurse

ACCP

Other health-care

ANP

(ix) Out-of-hours, is an airway trained consultant mandated to be present 'on site' within your clinical area? (e.g. anaesthetic consultant, ICU consultant, TTL)

Yes- mandated Yes, variably mandated Not mandated

(x) Is a 2nd airway trained clinician of any grade available within your clinical area (typically within 20 minutes)? If personnel would need to be requested from another clinical area please do not select

Weekdays In hours 0800-1800

Weekend In hours 0800-1800

Weekday Evening 18:00-20:00

Weekend Evening 18:00-20:00

Weekday Nights 20:00-08:00

Weekend Nights 20:00-08:00

Other: _____

(xi) Is a trained airway/intubators' assistant available within the clinical area (typically within 20 minutes)?

This can include an additional airway-trained doctor

Weekdays In hours 0800-1800

Weekend In hours 0800-1800

Weekday Evening 18:00-20:00

Weekend Evening 18:00-20:00

Weekday Nights 20:00-08:00

Weekend Nights 20:00-08:00

Other: _____

(xii) For your clinical area – who could typically be available as an airway/intubators' assistant?

Tick all that apply

Doctor (IAC or equivalent)

Anaesthetic Nurse

Doctor (not IAC)

Anaesthetic associate/physician assistant

ODP

ANP

ACCP

Staff nurse

Critical care outreach nurse

Other health-care professional: _____

Site Survey

3.2 Training

(i) Is teaching on RSI included as part of your departmental induction process?

Yes No Unknown

(ii) Is RSI included on the teaching programme for resident doctors rotating through your clinical area?

If no or unknown go to Q3.2(vi)

Yes No Unknown

(iii) If yes, does teaching on RSI include a simulation component?

If no or unknown go to Q3.2(vi)

Yes No Unknown

(iv) If yes, which members of the MDT routinely take part in simulation teaching within this clinical area?

Anaesthesia	Intensive Care	Head and Neck
Anaesthetic resident doctor (or equivalent) <input type="checkbox"/>	ICU resident doctor (or equivalent) <input type="checkbox"/>	ENT or maxfax resident doctor (or equivalent) <input type="checkbox"/>
Anaesthetic associate specialist <input type="checkbox"/>	ICU associate specialist <input type="checkbox"/>	ENT or maxfax associate specialist <input type="checkbox"/>
Anaesthetic consultant <input type="checkbox"/>	ICU consultant <input type="checkbox"/>	ENT or maxfax consultant <input type="checkbox"/>
Anaesthetic assistant (including ODP, anaesthetic nurse, or anaesthetic nurse practitioner) <input type="checkbox"/>	ICU nurse <input type="checkbox"/>	ENT or maxfax staff nurse <input type="checkbox"/>
Anaesthesia associate, or Physician assistant in anaesthesia (or equivalent) <input type="checkbox"/>	Critical care outreach nurse/ ACCP/physician assistant (or equivalent) <input type="checkbox"/>	ENT specialist practitioner/ physician assistant (or equivalent) <input type="checkbox"/>
Emergency department	Obstetrics	Other: _____ <input type="checkbox"/>
ED resident doctor (or equivalent) <input type="checkbox"/>	Midwife <input type="checkbox"/>	
ED associate specialist <input type="checkbox"/>	Obstetrician <input type="checkbox"/>	
ED consultant <input type="checkbox"/>		
ED nurse <input type="checkbox"/>		
ED specialist practitioner/ physician assistant (or equivalent) <input type="checkbox"/>		

(v) If yes, on average how often does RSI simulation typically occur?

1-2x a week <input type="checkbox"/>	Annually or less <input type="checkbox"/>
Weekly <input type="checkbox"/>	Unknown <input type="checkbox"/>
1-2x a month <input type="checkbox"/>	

3.2 Training (continued)

(vi) Is there specific training for staff acting in the role of airway/intubators' assistant during RSI?

If no or unknown go to Q3.2(viii)

Yes No Unknown

(vii) If yes, is there a formal training process to be signed off as competent to act as airway/intubators' assistant during RSI? (excluding ODP & anaesthesia nurses who receive this as part of their training)

Yes, mandated Yes, but not mandated No Unknown

(viii) Is there specific training for staff who perform the application of cricoid force in RSI?

If no or unknown go to Q3.2(x)

Yes No Unknown

(ix) If yes, is there a formal training process to be signed off as competent to **perform cricoid force** in RSI? (excluding ODP & anaesthesia nurses who receive this as part of their training)

Yes No Unknown

(x) Does your department supervise non-airway trained personnel (i.e. pre-IAC) in the role of 1st intubator during RSIs?

1-2x a week <input type="checkbox"/>	Annually or less <input type="checkbox"/>
Weekly <input type="checkbox"/>	Never <input type="checkbox"/>
1-2x a month <input type="checkbox"/>	Unknown <input type="checkbox"/>

(xi) Does your department supervise non-airway trained personnel (i.e. pre-IAC) in the role of drug administration during RSIs?

1-2x a week <input type="checkbox"/>	Annually or less <input type="checkbox"/>
Weekly <input type="checkbox"/>	Never <input type="checkbox"/>
1-2x a month <input type="checkbox"/>	Unknown <input type="checkbox"/>

SECURE

Service Evaluation of Cross-Specialty
UK Rapid Sequence Intubation Events

Site Survey

4 Processes and Governance

QUESTIONS with ** are only for those reporting for Clinical area: Emergency department

4.1 Does your department use (either integrated into local guidance, or in entirety) the DAS difficult intubation guideline from 2025?

Yes No, uses another guideline No Unknown

4.2 Is there an RSI protocol / SOP

Yes No Unknown

4.3 Is there a written Guideline/Protocol for **consultant** involvement in emergency airways management?

Yes No Unknown

4.4 To the best of your knowledge, is a checklist routinely used for RSIs?

Yes, always Mostly Sometimes Rarely Never

4.5 Is standardised RSI documentation note/proforma used for each RSI? (e.g. anaesthetic chart, intubation proforma, LOCSSIP etc.)

Yes, paper Yes, electronic No Unknown

4.6 Does your department document / communicate about patients with difficult airways (e.g. automated GP letter, alert on notes, etc.)? *Tick any that apply*

Alert on electronic system Datix Dedicated note system or document related to airway

Bedside/behind bed sign (e.g. on critical care) DAS Registry Airway section on anaesthetic chart

Area on discharge documentation Other _____ Unknown

4.7 Does your department routinely review whether patients are listed on the DAS airway registry? (e.g. in pre-operative assessment clinic), or following an unanticipated difficult airway case)

Yes No Unknown

4.8 Do you have a departmental morbidity and mortality meeting, or governance meeting, to discuss adverse airway events?

Yes No Unknown

4.9 Do you have a separate system for debrief / learning from difficult airway events/cases?

Yes No Unknown

4 Processes and Governance (Continued)

4.10** Does your department have an electronic or paper database documenting the conduct of RSIs to allow review of airway management for learning and quality improvement?

Yes, Emergency Medicine Airway Registry (EMAR) Unknown

Yes, local Emergency Department Airway Registry No

Yes, other multi-hospital Emergency Department Airway Registry Please specify: _____

SECURE

Service Evaluation of Cross-Specialty
UK Rapid Sequence Intubation Events

Useful information: <https://www.raftuk.org/raft-5-secure>

Enquires: secure@das.uk.com

Please do not forget to transcribe the answers from this paper CRF onto REDCap

Open March 1st to March 31st

Use QR code below or link: https://redcap.link/secure_site

