

## Project Summary

<b>Title</b>	<b>SECURE</b> – Service Evaluation of Cross-Specialty UK Rapid sequence intubation (RSI) Events
<b>Chief investigator</b>	Dr Jonathan Barnes, Consultant Anaesthetist (UHBW)
<b>Sponsor Site</b>	University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) – partnered with Bristol NHS Group
<b>Study type</b>	<b>Service evaluation</b> – UK-wide, multi-centre, prospective
<b>Study setting</b>	<b>NHS Trusts</b> in England, Wales, Scotland and Northern Ireland
<b>Study sites</b>	Single NHS hospitals
<b>Eligibility</b>	<b>NHS hospitals</b> with <u>at least one</u> of the following adult services: emergency medicine, critical care medicine and/or anaesthesia
<b>Aims</b>	To characterise in-hospital RSIs in adults across NHS hospitals
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Describe the <b>availability of local resources</b> surrounding RSI events</li> <li>• Capture <b>contemporary clinical practice</b> around RSI events performed across all areas of the hospital by cross-specialty intubating teams</li> <li>• Describe and estimate the incidence of <b>immediate complications</b> of RSI events</li> <li>• Identify the <b>drivers of variation</b> in self-reported RSI practice across vignettes</li> <li>• Review the findings across the UK (resources, self-reported practice and observed practice) in <b>comparison to current RSI recommendations</b></li> </ul>
<b>Data collection</b>	Anonymised survey data will be collected using online forms and stored securely in a REDCap database hosted at the Sponsor Site (UHBW)

<b>1. Site Survey</b>	
<b>Summary</b>	Survey of <b>RSI resources: infrastructure, equipment and governance</b> – data will be entered by Site Leads across all three specialties
<b>Study window</b>	<b>One month</b> at all study sites: <b>1<sup>st</sup> – 31<sup>st</sup> March 2026</b>

<b>2. Activity Survey</b>	
<b>Summary</b>	Survey of <b>user-defined RSI events and immediate complications</b> – contemporaneous event data will be entered by each intubating team
<b>Study window</b>	<b>Continuous 14 days</b> <i>agreed by leads</i> at each site: <b>13<sup>th</sup> April – 25<sup>th</sup> May 2026</b>
<b>Definitions</b>	<b>User-defined:</b> any intubation deemed to be an RSI (or modified RSI) by the intubating team that meets the inclusion criteria <b>Immediate complications:</b> in the time period starting from induction and up to 10 minutes after the airway is secured
<b>Inclusion criteria</b>	<b>RSI events meeting ALL the following criteria:</b> <ul style="list-style-type: none"> <li>• In-hospital (within NHS hospital grounds)</li> <li>• Patients ≥18 years (known or believed)</li> <li>• By anaesthetic, emergency medicine and/or critical care teams</li> </ul> <b>Repeat RSIs in the same patient will be included as a new event</b>
<b>Exclusion criteria</b>	<b>RSIs events meeting ANY of the following criteria:</b> <ul style="list-style-type: none"> <li>• Out-of-hospital (outside NHS hospital grounds)</li> <li>• Patients &lt;18 years of age (known or believed)</li> <li>• <u>Not</u> by anaesthetics, emergency medicine or critical care teams</li> </ul> <b>Patients with a functioning tracheostomy in-situ</b> <b>Intubations during cardiac arrest</b>

<b>3. Vignette-based Practitioner Survey</b>	
<b>Summary</b>	Survey of <b>individual self-reported RSI practice</b> – respondents must be airway trained (or competent) <u>and</u> involved in intubation decision-making
<b>Study window</b>	<b>Seven weeks</b> at all study sites: <b>15<sup>th</sup> June – 31<sup>st</sup> July 2026</b>