PDF COPY

Survey for SECURE – Service Evaluation of Cross-Specialty UK Rapid sequence intubation (RSI) Events

Thank you for completing this survey of resources relating to RSI in your study site.

Depending on which services are available, a single Site Survey should be completed for each of the following clinical areas in your study site:

1. **Operating theatres** (theatre area in which the majority of RSIs performed, *does NOT include obstetric theatres*)
2. **Obstetric theatres** (dedicated obstetric theatre area where the majority of RSIs are performed)
3. **Critical care** (ICU area in which the majority of RSIs are performed)
4. **Emergency department** (ED resuscitation area in which the majority of RSIs are performed)

Guidance:

- For each clinical area, please **survey the main high-acuity location where RSI is performed most frequently**, especially if there are split clinical areas (e.g. multiple theatre complexes, separate obstetric theatres, remote anaesthetic locations, multiple critical care areas, multiple ED areas)
- Please **liaise with your other specialty Site Leads** to decide who will complete this survey for each clinical area.
- The survey will take between **20-30 minutes to complete**.
- We **strongly advise you print out a PDF copy before** to allow you to source the information required (NB: the electronic survey may not save your progress as you go).
- **If the survey crashes/times-out with partial completion,** we would kindly ask recompletion of the survey again from the beginning (apologies for any inconvenience if this occurs)

Please liaise with your other Site Leads and/or Regional Leads in the first instance if there is any uncertainty. For more information (including FAQs) or to download the Site Survey PDF please visit **raftuk.org/raft-5-secure**. Many thanks for taking the time to complete the survey.

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SECTION 1.0 DEMOGRAPHICS & SITE INFORMATION

1.1 Personal Details

Full name(s) as you would like it to appear on any certificate of participation:	1. 2. 3.
Email **Guide:** We recommend using an email that will not change if you rotate to a different hospital	1. 2. 3.
Job role & grade **Guide:** e.g. Anaesthetic registrar, ST5 or equivalent	1. 2. 3.
Role related to SECURE	*A - Please circle:* *1.* *- Site Lead* *- Local investigator* *2.* *3.*
Has a second person assisted you in completing this survey?	*4. Yes/no.*

1.2 Site data

What region are you reporting from? **Guide:** Please note non-UK hospitals are not included in this study	*A- Select* region of UK (based on RAFT/TERN research regions) *(drop down)* Birmingham (WMTRAIN) East of England (EASTRN) East Midlands (MERCAT) Kent, Surrey, Sussex (SEARCH) London (PLAN)

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Mersey (MAGIQ)

North West (NWRAG)

Northern (CRANE)

Oxford (RAPTOR)

Peninsula (SWARM)

Severn (STAR)

Stoke (WMTRAIN)

Warwickshire (WMTRAIN)

Wessex (SPARC)

Yorkshire North and East (AARMY)

Yorkshire West (AARMY)

Yorkshire South (SHARC)

Northern Ireland

Scotland North

Scotland East (SEQUOIA)

Scotland West (WOSTRAQ)

Scotland South East (SQuARES)

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	Wales (WARREN)
Please select your study site **Guide**: A study site in SECURE is defined as a single NHS hospital	*A- Select study site (dropdown of registered study sites and associated NHS Trust/Healthboard) plus 'Other' with branching free text option in case of any error with study sites being listed incorrectly or missing.* *List to be provided to REDCap provider in February* [We're hoping to pull aspects of this from site registration' form & excel document... this is possible via REDCAP?]
Which clinical area of the hospital are you completing this survey for? **Guide:** For each clinical area, please **survey the main high-acuity location where RSI is performed most frequently**, especially if there are split clinical areas (e.g. multiple theatre complexes, separate obstetric theatres, remote anaesthetic locations, multiple critical care areas, multiple ED areas)	*A- Drop down:* 1. Operating theatres (the theatre area in which the majority of RSIs are performed, does not include obsteric theatre suite(s)) 2. Obstetric theatres (dedicated obstetric theatre area where the majority of RSIs are performed) 3. Critical care areas (the ICU area in which the majority of RSIs are performed) 4. Emergency department (resus or the area in which the majority of RSIs are performed)

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SECTION 3.0 EQUIPMENT & DRUGS

Lead question writers / Contact - Callum Taylor, callumr@doctors.org.uk & Oliver Barker - Oliver.barker@doctors.org.uk

2.1 PREOXYGENATION ∉ Essential equipment *Please 'tick' for below based on accessibility for all equipment detailed*	*a) Immediately accessible (<3 minutes)* *Anything that would take under 3 minutes to source AND set up (easily locatable for all staff)*	*b) Accessible (3-20 minutes)* *Anything that would typically take between 3 minutes to 20 minutes to source AND set up (may need prompting for staff to source)*	*c) Not easily accessible (>20 minutes)* *Anything on-site that would take more than 20 minutes to source AND set up (even with maximal effort)*	*d) Not available at this study site* Anything that is not available at the study site
	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)
Piped wall oxygen or oxygen cylinder(s) ~~*[Not applicable to resuscitation team, blank out if possible]*~~	∉	∉	∉	∉
Oxygen mask with reservoir (non-rebreathe mask)	∉	∉	∉	∉
Self-inflating bag-valve-mask with reservoir e.g. Ambu-bag	∉	∉	∉	∉
Waters' / Mapleson C-circuit (or modified version)	∉	∉	∉	∉
Clear anaesthetic face masks (sizes 3, 4, 5)	∉	∉	∉	∉

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Oropharyngeal airways (sizes 2, 3, <u>and</u> 4)	∉	∉	∉	∉
Nasopharyngeal airways (sizes 6 <u>and</u> 7)	∉	∉	∉	∉
2.2 PREOXYGENATION ∉ Additional equipment	*a) "*	*b) "*	*c) "*	*d) "*
	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)
High flow nasal oxygen device <u>with</u> ancillaries	∉	∉	∉	∉
Non-invasive ventilation device <u>with</u> ancillaries	∉	∉	∉	∉
2.3 SUCTION - Essential equipment	*a) "*	*b) "*	*c) "*	*d) "*
	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)
Portable suction (battery or manual)	∉	∉	∉	∉
Wall-mounted/piped suction unit ~~*[Not applicable to resuscitation team areas]*~~	∉	∉	∉	∉

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Yankauer/rigid suction catheter(s)	∉	∉	∉	∉
Soft suction catheter(s)	∉	∉	∉	∉
2.4 INTRAVENOUS ACCESS ∉ Essential equipment	*a) "*	*b) "*	*c) "*	*d) "*
	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)
Ultrasound machine and appropriate probes	∉	∉	∉	∉
Intraosseous device <u>and</u> needles	∉	∉	∉	∉
2.5 MONITORING ∉ Essential equipment	*a) "*	*b) "*	*c) "*	*d) "*
	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)
ALL of - Non-invasive blood pressure monitoring (NIBP) cable <u>and</u> cuffs - Pulse Oximetry (SpO2) - Cardiac monitoring (3-Lead ECG) - Monitor block/screen	∉	∉	∉	∉

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Quantitative WAVEFORM capnography(with appropriate tubing and connector)	∉	∉	∉	∉
Exhaled end-tidal O2 concentration	∉	∉	∉	∉
Invasive arterial blood pressure (IABP) – with appropriate pressure monitoring system (line, transducer, cable etc.)	∉	∉	∉	∉
Quantitative neuro-muscular monitoring (e.g. accelerometer)	∉	∉	∉	∉
Qualitative neuro-muscular monitoring (e.g. nerve stimulator with single twitch, train of four, etc.)	∉	∉	∉	∉
Processed EEG Coding note: Please logic question relating to processed EEG in section 2.8	∉	∉	∉	∉
2.6 OTHER INTUBATION EQUIPMENT ~~- Essential equipment~~	*a) "*	*b) "*	*c) "*	

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	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)
Intubation checklist (physical or digital)	∉	∉	∉	∉
<u>Direct</u> **Laryngoscope Handles (x2) <u>with</u> Macintosh 3 <u>and</u> 4** blades	∉	∉	∉	∉
<u>Indirect</u> **<u>Videolaryngoscope with</u> Macintosh 3 <u>and</u> 4 blades**	∉	∉	∉	∉
<u>Indirect</u> **<u>Videolaryngoscope with</u> hyper-angulated blade**	∉	∉	∉	∉
≥2 Tracheal tubes, cuffed, size range 6.0 - 8.0mm ID	∉	∉	∉	∉
Syringes, lubrication <u>and</u> method(s) for fastening tube (e.g. ties, adhesive tape, tube securing device)	∉	∉	∉	∉
Rigid stylet (for use with videolaryngoscope, of same manufacturer)	∉	∉	∉	∉

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Standard bougie (non-dynamic)	∉	∉	∉	∉
Dynamic bougie (with steerable tip)	∉	∉	∉	∉
Magill forceps	∉	∉	∉	∉
1st generation supraglottic airway devices (sizes 3, 4, 5)	∉	∉	∉	∉
2nd generation supraglottic airway devices (sizes 3, 4, 5)	∉	∉	∉	
2.6 ADDITIONAL EQUIPMENT	*a) "*	*b) "*	*c) "*	*d) "*
	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)	∉ (apply to all)
Nasogastric tube various sizes (fine-bore feeding and/or wide-bore Ryle's)	∉	∉	∉	∉
Pre-printed drug labels/stickers (a range of)	∉	∉	∉	∉
Mechanical ventilator (any type, including portable)	∉	∉	∉	○
Mechanical Ventilator (portable in design)	∉	∉	∉	○

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2.7 DIFFICULT AIRWAY

Is there a dedicated difficult airway trolley in your clinical area?	A- Yes/No Logic if YES -> Next Q.
Logic Question **Is this stocked according to 2025 DAS difficult airway principles?** https://database.das.uk.com/content/dat_labels {+ LINK TO PDF}	A- Yes/No Logic if NO -> Next Q.
Logic Question **If no,** **what items are <u>NOT</u> included?**	A- Tickbox - Selection below <u>Top of Trolley - NOT included</u> ∉ Laminated DAS Difficult Airway Algorithm ~~∉ Oropharyngeal aids and emergency contact numbers (ENT, ICU, senior anaesthetist)~~ ~~∉ Stopwatch or timer~~ ∉ Access to videolaryngoscope ∉ Access to flexible optical intubating bronchoscope <u>Drawer A – Plan A: Primary Intubation - NOT included</u> ∉ Laryngoscope handles (standard + short) ∉ Macintosh blades sizes 3 and 4 ∉ Tracheal tubes (sizes 5.0–8.0 mm) ∉ Nasal tubes ∉ Stylets and bougies ~~∉ Lubricating gel~~ ~~∉ Syringes (5 ml, 10 ml)~~ ~~∉ Magill forceps~~ ~~∉ Ties/adhesive tape/scissors, tube securing devices~~ ~~∉ Bite block~~ ~~∉ Waveform capnography connection~~ <u>Drawer B – Plan B: Supraglottic Airway - NOT included</u> ∉ 2nd-generation supraglottic airway device (SGA e.g., i-gel, LMA Supreme) ∉ 2nd type of 2nd-generation SGA (e.g. iGel, LMA supreme)

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	∈ SGA of any type size 3, 4, <u>and</u> 5 ~~∈ Lubricating gel~~ ~~∈ 20 ml syringe~~ ∈ Orogastric tubes (sizes 12–14) ~~∈ Endoscopy mask~~ ∈ Breakaway oropharyngeal airway (e.g. Berman airway) ∈ Swivel ETT connector <u>Drawer C – Plan C: Facemask Ventilation - NOT included</u> ∈ Face masks (size 3 <u>and</u> 4, plus paediatric/neonatal if required) ∈ Oropharyngeal airways (sizes 7–11 cm) ∈ Nasopharyngeal airways (sizes 6.0–8.0 mm) ∈ Sugammadex (sufficient for rapid reversal of RSI dose rocuronium, pre-labelled) ~~∈ Syringe (10 ml)~~ <u>Drawer D – Plan D: Emergency Front-of-Neck Access - NOT included</u> ∈ Scalpel with size 10 blade ∈ Bougie (e.g. Frova) ∈ Cuffed ETT size 6.0 mm
Are FONA equipment, other than scalpel-bougie-tube, available in your clinical area? **Please select all that apply:**	A- Tickbox. Selection below. ∈ *Narrow bore Cricothyroid needle and 'jet ventilator/injector'* ∈ *Wider bore (>2mm) Cricothyroidotomy set (e.g. melker kit, quicktrach or similar)* ∈ *Surgical airway kit ("surgical tracheostomy set")*
What other equipment is available within your clinical area to manage a difficult airway? ***Please select all that apply:***	A- Tickbox. Selection below. ∈ *Bronchoscope* ∈ *Airway exchange catheter* ∈ *Aintree intubation catheter* ∈ *Microlaryngeal tube* ∈ *Intubating LMA* ∈ *10f paediatric bougie* ∈ *Other (free text – please note additional laryngoscopy blades is covered in the following question)*

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Are there any other laryngoscopy blades within your clinical area OR your difficult intubation trolley? ***Please select all that apply:***	*A- tickbox* *Direct* ∉ *Macintosh blade – • Additional standard sizes (1–5)* ∉ *Macintosh blade – • Left-handed* ∉ *Miller blade(s)* ∉ *Wis-Hipple blade(s)* ∉ *McCoy blade(s)* ∉ *Polio blade(s)* ∉ *Robertshaw / Seward blade(s)* ***Indirect*** ∉ *Macintosh style – Additional standard sizes (1-5)* ∉ *Channelled* ∉ *Fibreoptic compatible/optical blades* ∉ *Other*
Which manufacturer's videolaryngoscopes do you use? ***Please select all that apply:*** ***Is the 'screen' component of your most widely available videolaryngoscope integrated, or separate to the handle and blade?***	*A- tickbox* ∉ *Airtraq* ∉ *Ambu* ∉ *Heine* ∉ *Glidescope – single use blades* ∉ *Glidescope – reusable blades* ∉ *Intavent* ∉ *McGrath* ∉ *Pentax AWS* ∉ *Storz (CMAC) – single use* ∉ *Storz (CMAC) – reusable* ∉ *Other* *LOGIC if yes then Q>* *A- dropdown* *Integrated, Separate*
Which 2nd generation SGA is most widely available?	*A- Drop-down:* ∉ Ambu aura ∉ i-Gel ∉ i-Gel plus ∉ LMA ProSeal ∉ LMA protector ∉ LMA supreme ∉ Other

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~~2.7 MECHANICAL VENTILATOR~~

~~**Regarding ventilators:**~~ ~~**Is there a ventilator in your clinical area?**~~	~~*A- Drop down*~~ ~~Yes, no~~ ~~LOGIC if yes next Q->~~
~~*Logic Q*~~ ~~**Do you have access to a ventilator which is designed to be portable?**~~	~~*A- Dropdown*~~ ~~*Yes, No*~~

2.8 TIVA/TCI AND PROCESSED EEG

****Next question applicable to ALL FOUR AREAS**** ~~****Next question applicable for areas: "General theatres AND Recovery", "Obstetric theatres AND Recovery" and "Remote anaesthesia areas" ONLY*****~~	
Are there target controlled infusion (TCI) pumps available in this clinical setting for giving total intravenous anaesthesia (TIVA)?	*A- Dropdown* *Yes/no.* *LOGIC if yes next Q->*
Logic Q **Which TCI models are available for use routinely?** ***Please select all that apply:***	*A – Tickbox* ∉ *Marsh* ∉ *Schnider* ∉ *Eleveld* ∉ *Minto* ∉ *Other*
Logic Q	*LOGIC if answer to processed EEG in section 2.5 = Accessible within <3 minutes, 3-20 mins or >20 mins then show this*

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What processed EEG do you have available on your site to use during RSI? ***Please select all that apply:***	*question (if answer = processed EEG NOT available, then do not show this question in this section)* *A- Tick box* ∉ BIS ∉ Sedline ∉ Narcotrend ∉ Entropy ∉ CONOX ∉ Raw EEG module ∉ Other

2.9 DRUGS

Are there these drugs available in your reporting location?
Definition: Available within the clinical area in cupboards, trolleys, etc. - anything that would typically take <u>under 20 minutes</u> to source and draw up, and not need to be 'borrowed' from another clinical area or ordered through pharmacy.

Induction agents for RSI – which of:	*A- Tickbox* ∉ Propofol ∉ Ketamine ∉ Etomidate ∉ Thiopentone ∉ Midazolam
NMB for RSI - which of:	*A- Tickbox* ∉ Rocuronium ∉ Suxamethonium
Opiate – which of:	*A- Tickbox* ∉ Fentanyl ∉ Morphine ∉ Alfentanil ∉ Remifentanil
Reversal - which of:	*A- Tickbox* ∉ Sugammadex ∉ Neostigmine-glycopyrronium pre-mixed vials
Prokinetics & antacids:	A- Tickbox ∉ Prokinetics (e.g. metoclopramide) ∉ Proton pump inhibitor (PPI)

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	∉ Histamine-2 receptor antagonists ∉ 0.3M Sodium Citrate
Emergency stock: Cardiovascular Drugs- which of:	A- Tickbox ∉ Metaraminol ∉ Ephedrine ∉ Atropine ∉ Glycopyrrolate ∉ Adrenaline 1mg (= 10 mL 1:10,000), or as a prefilled syringe ∉ Adrenaline 1mg (1ml 1:1000) ∉ Amiodarone 300mg, or as a prefilled syringe ∉ Adenosine ∉ Calcium chloride 10 mL 10% or gluconate 10ml 10% ∉ Noradrenaline ∉ Phenylephrine ∉ Vasopressin ∉ Dobutamine ∉ Dopamine

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SECTION 3.0 PERSONNEL AND TRAINING

Lead question writers - Maeve McLoughlin Maeve.Mclaughlin@umbw.nhs.uk & David Ritchie - ritchie.dj@doctors.org.uk

3.1 Personnel.

Does your department have a designated 'Airway Lead' responsible for airway management and its governance?	*A- Dropdown* *Yes/No*

****Next questions applicable for area "Operating Theatres" ONLY*****

How many distinct on-call anaesthetic tiers are 'ON SITE' (all grades), during the selected time period, typically covering unscheduled/emergency work? **Guide:** This is often referred to as the 'on-call rotas'. **Examples of**	**Weekdays in hours (0800-1800)** *A- Number (user entry)*	**Weekday evenings (1800-2000)** *A- Number (user entry)*	**Weekday nights (2000-0800)** *A- Number (user entry)*	**Weekend in hours (0800-1800)** *A- Number (user entry)*	**Weekend evenings(1800-2000)** *A- Number (user entry)*	**Weekend nights (2000-0800)** *A- Number (user entry)*

tiers could include CEPOD, obstetric, cardiac, neurosurgical, etc. These may be termed 1st, 2nd, 3rd, etc. in some sites. *(For example, if at the weekend your site has an obstetric anaesthetist, a CEPOD anaesthetist, a floating anaesthetist, plus on-site consultant oversight, this would count as **four** distinct tiers).* If the number varies, please report the **minimum** on-call requirement to run the rota.						
Is a difficult airway response team (known in some hospitals as a DART team) available as an emergency call via switchboard?	*A- Dropdown:* *a) Accessible at ALL hours* *b) Accessible variably at SOME hours (e.g. weekday service only)* *c) Not available at this site at ANY hours*					
~~*For B -> Logic.*~~ ~~***Please detail the hours when the DART team is accessible***~~	~~*A- Free text*~~					
LOGIC For A,B -> ***Who typically forms part of your DART team?*** *Please select all that apply*	*<u>Anaesthesia – any of:</u>* *(select all)* ∉ *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)* *<u>Critical Care – any of:</u>* ∉ *(select all)* ∉ *ICU resident doctor (or equivalent)* ∉ *ICU associate specialist* ∉ *ICU consultant* ∉ *ACCP* ∉ *ICU nurse* ∉ *Critical care outreach nurse* *<u>Head & Neck team - any of:</u>*					

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	∉ *(select all)* ∉ *ENT or maxfax resident doctor (or equivalent)* ∉ *ENT or maxfax associate specialist* ∉ *ENT or maxfax consultant* ∉ *ENT or maxfax nurse specialist/practitioner* ∉ *ENT or maxfax staff nurse* *Other:* ∉ *Medical emergency team (including medical registrar)* ∉ *PA* ∉ *ANP* ∉ *Other*
****Next questions applicable for area "Critical care areas" AND "Emergency Department" ONLY*****	
Is an airway-trained practitioner mandated to be available <u>within</u> your clinical area 24/7? ***Guide:*** *Available means 'ON SITE', and rota'd to primarily be within the clinical area the majority of time, excluding brief periods (e.g. seeing referrals or attending emergencies)*	A- Dropdown -Yes/no **LOGIC IF NO ->**

Logic Q **What hours is an airway trained person mandated to be available?** **Please select all that apply.**	**Weekend in hours (0800-1800)** A- Selection tickbox for each option.	**Weekday evenings (1800-2000)**	**Weekday nights (2000-0800)**	**Weekend in hours (0800-1800)**	**Weekend evenings(1800-2000)**	**Weekend nights (2000-0800)**

Remaining questions applicable for all FOUR clinical areas.	
Out-of-hours. select the most junior grade of doctor who might be required to lead an RSI independently?	A- Drop down - CT/ST1-2 (or fellow/equivalent) - CT/ST 3-4 (or fellow/equivalent) - ST 5-7 (or fellow/equivalent) - SAS (or equivalent)

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	- Associate specialist - Consultant
Are there ever additional non-medical staff who might be required to lead an RSI independently?	*A- Tick all that apply (tick-box)* ∉ *Anaesthesia associate, or Physician assistant in anaesthesia (or equivalent)* ∉ *ACCP* ∉ *ANP* ∉ *Critical care outreach nurse* ∉ *Other health-care professional*
Out-of-hours, is an airway trained consultant mandated to be present 'on site'? (e.g. anaesthetic consultant, ICU consultant, TTL)	*A- Drop down* ∉ *Yes - mandated* ∉ *Yes - mandated variably* ∉ *Not mandated* ~~∉ *Unknown*~~

Is a 2nd airway trained clinician of any grade available <u>within</u> your clinical area (typically within 20 minutes)? ***Please select all that apply*** **Guide**: If personnel would need to be requested from another clinical area please select 'not available'	**Weekdays in hours (0800-1800)**	**Weekday evenings (1800-2000)**	**Weekday nights (2000-0800)**	**Weekend in hours (0800-1800)**	**Weekend evenings(1800-2000)**	**Weekend nights (2000-0800)**
	A- Selection	*A- Selection*	*A- Selection*	*A- Selection*	*A- Selection*	*A- Selection*
Is a trained airway intubators' assistant available <u>within</u> the clinical area (typically within 20 minutes)? ***Please select all that apply*** **Guide**: If personnel would need to be requested from	*A- Selection*	*A- Selection*	*A- Selection*	*A- Selection*	*A- Selection*	*A- Selection*

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another clinical area please select 'not available'						
For your clinical area – who could typically be available as an airway/intubators' assistant? ***Please select all that apply***	*A- please select all that apply (tickbox)* ∉ *(select all)* ∉ *Doctor (IAC or equivalent)* ∉ *Doctor (not completed IAC)* ∉ *ODP* ∉ *Anaesthetic nurse* ∉ *Anaesthetic associate, or Physician assistant in Anaesthesia (or equivalent)* ∉ *ACCP* ∉ *ANP* ∉ *Critical care outreach nurse* ∉ *Staff nurse* ∉ *Other health-care professional*					
~~**Is there a written Guideline/Protocol for consultant involvement in emergency airway management (such as RSIs)?**~~	~~*A- Drop down*~~ ~~*- Yes, No*~~					

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3.2 Training

Is teaching on RSI included as part of your departmental induction process?	*A- Drop down* *Yes, No, ~~Unknown~~*
Is RSI included on the teaching programme for resident doctors rotating through your clinical area?	*A- Drop down* *Yes, No, ~~Unknown~~*
Does RSI teaching include simulation? ***LOGIQ for next Q***	*A- Drop down* *Yes, No,~~Unknown~~*

LOGIC Q IF YES -> ***Which members of the MDT team routinely take part in RSI simulation teaching in this clinical area?*** ***Please tick all that apply*** ***~~If unsure please leave blank~~***	*Anaesthesia:* ∉ *Anaesthetic resident doctor (or equivalent)* ∉ *Anaesthetic consultant* ∉ *Anaesthetic assistant (including ODP, anaesthetic nurse, ANP)* ∉ *Anaesthesia associate, or Physician assistant in anaesthesia (or equivalent)* ∉ *Recovery or theatre nurse* *Critical Care:* ∉ *ICU resident doctor* ∉ *ICU Consultant* ∉ *ACCP* ∉ *PA* ∉ *ANP* ∉ *Critical care outreach nurse* ∉ *ICU nurse* *Head & Neck team:* ∉ *ENT or maxfax resident doctor* ∉ *ENT or maxfax consultant* ∉ *ENT or maxfax nurse specialist/practitioner* ∉ *ENT or maxfax ward nurse* *ED* ∉ *ED resident doctor* ∉ *ED consultant* ∉ *ED ANP* ∉ *ED PA* ∉ *ED nurse* *Obstetrics* ∉ *Midwifery* ∉ *Obstetrics* *Other* • *Other*
LOGIC Q IF YES -> ***On average, how often does RSI simulation typically occur?***	*A- Drop down* ⊄ *1-2x a week* ⊄ *Weekly* ⊄ *1-2x a month or less* ⊄ *Annually or less* ~~⊄ *Never*~~ ~~⊄ *Unsure*~~

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Is there specific training for staff acting in the role of airway/intubators' assistant during RSI? ***LOGIQ***	*A- Drop down* *- Yes, no, ~~unknown~~*
LOGIC Q 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)***	*A- Drop down* *Yes - mandated, Yes – but not mandated, No*
Is there specific training for staff who perform the application of cricoid force in RSI? ***LOGIQ***	*A- Drop down* *- Yes, no, ~~unknown~~*
LOGIC Q 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)***	*A- Drop down* *Yes - mandated, Yes – but not mandated, No*
Does your department supervise non-airway trained personnel (i.e. pre-IAC) in the role of 1st intubator during RSIs?	⊄ *1-2x a week* ⊄ *Weekly* ⊄ *1-2x a month or less* ⊄ *Annually or less* ⊄ *Never*

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Does your department supervise non-airway trained personnel (i.e. pre-IAC) in the role of drug administration during RSIs?	⊄ *1-2x a week* ⊄ *Weekly* ⊄ *1-2x a month or less* ⊄ *Annually or less* ⊄ *Never*

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SECTION 4.0 PROCESSES & GOVERNANCE

Lead question writers / Contact - Jon Barnes & Aravind Ramesh - Email: jonathan.barnes377@gmail.com & ar17163@bristol.ac.uk

4.1 Processes- Checklist, guidelines, protocols

To the best of your knowledge, is a checklist routinely used for RSIs?	*A- Drop down* *Yes always,* *Mostly,* *Sometimes,* *Rarely,* *No- never*
Has your department adopted the DAS difficult intubation guideline?	*A- Drop down* *Yes* *No - uses other guideline* *No*
Is there a written Guideline/Protocol for <u>consultant involvement</u> in emergency airways management?	*A- Drop down* *- Yes, no, ~~unknown~~*
Is there an RSI protocol / SOP	*A- Drop down* *- Yes, no*
Is standardised RSI documentation note/proforma used for each RSI?	*A- Selection* ⊄ *Yes- paper* ⊄ *Yes - electronic* ⊄ *No*

(e.g. anaesthetic chart, intubation proforma, LOCSSIP etc.)	~~∉ Unknown~~
Does you department document / communicate about patients with difficult airways (e.g. automated GP letter, alert on notes, etc.)? ***Tick all that apply.*** **LOGIQ IF DAS REGISTRY**	*A- "Tick all that apply" (tickbox)* ∉ *(select all)* ∉ *Alert on electronic system* ∉ *Bedside/behind bed sign (e.g. on critical care)* ∉ *Dedicated note system or document related to airway management* ∉ *Airway section on anaesthetic chart* ∉ *Area of discharge documentation* ∉ *Datix* ∉ *DAS Registry* ∉ *Other (please state)*
LOGIC Q IF DAS--> **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)	*A- Drop down* *Yes/No*

For IG approval only, not for study use.

4.2 Governance processes & case reviews

Do you have a departmental morbidity and mortality meeting, or governance meeting, to discuss adverse airway events?	*A- Drop down* *Yes/No*

Do you have a separate system for debrief / learning from difficult airway events/cases?	*A-Dropdown* *Yes/No*

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