

RSI for patient with acute abdomen

DOPS

Created: 8th February 2023

IAC/IAOC Code

Code	Description
No code have been chosen	

Title

RSI for patient with acute abdomen

Approved by Assessor

Name	Position	GMC No.
Joseph Samuel Lipton	Consultant	7014377

Created by Learner

Name	Stage	GMC	CRN
South London 2021 Trainee		0000000	

Key Capabilities

EPA 2: Provide general anaesthesia for an ASA I/II patient having uncomplicated surgery

Key Capabilities

EP_02_01

Pre-operative preparation

Relates knowledge underpinning EPA 1 (Anaesthetic Pre-operative Assessment) to safe perioperative care planning

Understands the scope of practice as an inexperienced practitioner and seeks help appropriately

Recalls starvation policies for administration of general anaesthesia

Demonstrates working knowledge of commonly used anaesthetic equipment, including the anaesthetic machine, standard monitoring and airway equipment

Demonstrates working knowledge of the commonly used anaesthetic drugs (preparation / dose / effects / side-effects / cautions):

Induction agents

Antiemetics

Muscle relaxants/reversal agents
Sympathomimetics/anticholinergics
Volatile anaesthetic agents
Analgesics

Show details

EP_02_02

Intra-operative Care

Performs airway management including the following techniques:

Mask ventilation
Supraglottic airway insertion
Endotracheal intubation using direct and video laryngoscopy

Performs a Rapid Sequence Induction

Conducts anaesthesia with controlled and spontaneous ventilation

Understands the physiological effects of general anaesthesia

Manages the risks posed to patients when positioning them for surgery, in particular related to pressure areas, peripheral nerves and other delicate structures

Follows infection prevention and control procedures in the operating theatre

Manages tracheal extubation, including common complications occurring during emergence from anaesthesia; eg, laryngeal spasm

Show details

Date

2 September 2021

Description procedural skill

- Rapid sequence induction for 58 year old male presenting for emergency laparotomy
- >6 hours fasted, but in severe pain and has vomited

Summary of reflective discussion between anaesthetist in training and trainer

- Risk factors and consequences of aspiration of gastric contents
- rationale for RSI and its components
- Concept of the modified RSI, how and why we modify
- Routine for preparing equipment, drugs and briefing the team
- Cricoid force - its use, rationale, benefits and risks

Suggestions for future development

- This was well done - you made sure your patient was properly positioned, suction ready under pillow, clear communication with your assistant
- This was a sick patient and the induction modified to preserve cardiovascular stability
 - This sort of patient is not within your scope of practice currently and you'll need to have support for these sorts of cases
- Your management of the airway was safe, effective and confident - well done!

Supervision level

1 - Direct supervisor involvement, physically present in theatre throughout

Supporting Documents

No supporting documents have been added.

Approval

This entry was approved on 8 February 2023 by **Joseph Samuel Lipton**

Personal reflections

No reflections have been recorded for this form.

version v1 - 21 June 2021