

## Marking Sheet: Status epilepticus / RSI

Examiner \_\_\_\_\_

Candidate \_\_\_\_\_

0= Not attempted, 1=partially completed, 2=fully completed

	0	1	2
Introduces self to nurse			
Identifies capabilities and skills of team members			
Briefly confirms history of event with nurse			
Assesses patient's airway			
Administers high flow oxygen / nasal airway			
Assesses breathing			
Assesses circulation			
Assesses dysfunction / recognises seizure			
Exposes adequately			
Checks blood glucose level			
Initial rectal / buccal diazepam / midazolam			
Gains iv access, takes bloods			
Requests for other monitoring (pulse oximeter, BP)			
Gives 4mg iv lorazepam / 2.5mg iv diazepam			
Repeat benzodiazepine			
Reassesses patient, recognises status epilepticus			
Requests iv phenytoin loading dose 18mg/kg (approx 1g)			
Seeks anaesthetic / ITU input			
Makes decision to RSI the patient when anaesthetic input not forthcoming			
Preparation – O2, suction, drugs, tilting trolley			
Full monitoring			
Asks for drugs to be drawn up – e.g. Thiopentone 3-5mg/kg or Ketamine 1-2mg/kg & suxamethonium 2mg/kg			
Knows correct drug doses			
ETT selection, checks cuff, different sized tubes, spare laryngoscope			
Rescue equipment e.g. LMA			
Preoxygenation with BVM			
Airway assessment / LEMON			
Cricoid pressure			
Briefs & uses team appropriately			
Anaesthetic drug followed by relaxant, followed by flush			
Passes tube competently			
Proof of placement – ETCO2, expansion, visual check			
Repeat obs after RSI			
Post intubation care – extend paralysis & sedation appropriately			
Reasonable ventilator settings – tidal volume 500ml, RR12/min, Pmax 30			
Phenytoin infusion, recognition of possibility of non-convulsive status epilepticus & need for EEG monitoring			
Appropriate subsequent management – CT head, ITU handover			

Examiner's global score (1-5)

Actor's global score (1-5)

**Examiner's Impression:**  
**Comments**
**Pass      Borderline      Clear Fail**