

# Rapid Sequence Induction Questionnaire

Dear participant, A group of researchers have created this survey to assess the current clinical practice of rapid sequence intubation in emergency departments (EDs) and intensive care units (ICUs). Questions are targeted toward your personal clinical practice and your institutions recommendations on rapid sequence intubation. Be advised that although your participation is voluntary and anonymous, it will significantly impact the care provided to victims requiring rapid sequence intubation. The expected time to complete this survey is less than 5-minutes.

Thank you very much,

IRB approval reference number: HA-02-J-008

\* Indicates required question

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1. Do you consent to participate? \*

*Mark only one oval.*

☐ Yes

☐ No

General information

2. What is your specialty? \*

*Mark only one oval.*

☐ Critical Care Medicine

☐ Emergency Medicine

3. What is your current position? \*

*Mark only one oval.*

☐ Resident

☐ Specialist

☐ Consultant

4. Gender \*

*Mark only one oval.*

☐ Male

☐ Female

5. At which type of hospital do you work? \*

*Mark only one oval.*

- ☐ Academic (university hospital)
- ☐ Non-academic (governmental hospital)
- ☐ Private hospital

6. Select your current work location: \*

*Mark only one oval.*

- ☐ Makkah
- ☐ Jeddah
- ☐ Riyadh
- ☐ Dammam/Khobar
- ☐ Tabouk
- ☐ Hafr Al-Batin
- ☐ Khamis Mshait
- ☐ Abha
- ☐ Other: \_\_\_\_\_

7. How many intubations have you performed? \*

*Mark only one oval.*

- ☐ Less than 50
- ☐ Between 50 and 100
- ☐ More than 100

### Personal practice

Answer the following questions based on your clinical practice informed by your scientific background.

8. How do you define rapid sequence intubation? \*

*Mark only one oval.*

- ☐ The administration of only an induction agent prior to tracheal intubation
- ☐ The administration of both an induction agent and neuromuscular blocking agent prior to tracheal intubation
- ☐ I don't know

9. On average, how many patients do you intubate per month? \*

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10. What is the purpose of rapid sequence intubation (in emergency situations), as opposed to traditional sequence intubation (in the operating room)? \*

*Mark only one oval.*

- ☐ Minimize the risk of pulmonary aspiration
- ☐ Rapid intubation
- ☐ They both have the same purpose
- ☐ I don't know

11. Do you use a cuffed or an uncuffed endotracheal tube when performing rapid sequence intubation? \*

*Mark only one oval.*

- ☐ Cuffed in both adults and pediatrics
- ☐ Uncuffed in both adults and pediatrics
- ☐ Uncuffed only in the pediatric population
- ☐ It does not matter

12. Do you provide positive pressure ventilation after induction and before tracheal tube insertion? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No

13. Which of the following induction agents do you prefer in hemodynamically stable patients? \*

*Mark only one oval.*

- ☐ Propofol  
☐ Etomidate  
☐ Ketamine  
☐ Midazolam

14. Which of the following induction agents do you prefer in hemodynamically unstable patients? \*

*Mark only one oval.*

- ☐ Propofol  
☐ Etomidate  
☐ Ketamine  
☐ Midazolam

15. How do you define an “attempt” at intubation? \*

*Mark only one oval.*

- ☐ Insertion of the laryngoscope blade in the oropharynx regardless of whether an endotracheal tube was inserted  
☐ Insertion of an endotracheal tube passed the vocal cords  
☐ I don't know

16. Which neuromuscular blocking agent do you prefer? \*

*Mark only one oval.*

- ☐ Succinylcholine
- ☐ Rocuronium
- ☐ Other

17. In which situations would you use Succinylcholine as your first choice paralytic (neuromuscular blocking agent)? \*

*Check all that apply.*

- ☐ Renal failure patients in dialysis
- ☐ Hyperkalemia
- ☐ Malignant hyperthermia
- ☐ Guillain barre syndrome
- ☐ Motor neuron disease
- ☐ New stroke
- ☐ Parkinson's disease
- ☐ Burns older than 24 hours
- ☐ Myasthenia gravis

18. Which of the following techniques do you use for improving glottic opening during endotracheal intubation?

*Check all that apply.*

- ☐ Cricoid pressure
- ☐ Backward Upward and Rightward Pressure
- ☐ Bimanual laryngoscopy
- ☐ I do not use external neck manipulation

19. Which of the following is your preferred device for intubation? \*

*Mark only one oval.*

- ☐ Direct laryngoscopy (Macintosh blade)
- ☐ Direct laryngoscopy (Miller blade)
- ☐ Video laryngoscopy (GlideScope®)
- ☐ Video laryngoscopy (C-MAC®)
- ☐ Other: \_\_\_\_\_

20. Do you routinely use pre-treatment agents for rapid sequence intubation? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No



21. What are the indications for rapid sequence intubation? (select all that applies) \*

*Check all that apply.*

- ☐ Hypoxic respiratory failure
- ☐ Hypercapnic respiratory failure
- ☐ Acute respiratory distress
- ☐ Unconscious and apneic
- ☐ Severe orofacial trauma
- ☐ Upper airway obstruction

22. Which of the following methods do you prefer for pre-oxygenation? (select all that applies)

*Check all that apply.*

- ☐ Nasal prongs at 15 L/min
- ☐ Oxygen face mask at 15 L/min
- ☐ Oxygen non-rebreather mask at 15 L/min
- ☐ Both nasal prongs and oxygen face mask/non-rebreather mask at 15 L/min
- ☐ Bag-valve mask with active ventilation or positive pressure at >15 cmH<sub>2</sub>O inspiratory pressure
- ☐ I do not pre-oxygenate

23. Which of the following patient positions is ideal for rapid sequence intubation? \*

*Mark only one oval.*

- ☐ Trendelenburg position (head down at 15-30 degrees)
- ☐ Reverse-Trendelenburg position (head up at 15-30 degrees)
- ☐ Supine while head at sniffing position

24. In your opinion, what is the most important objective of rapid sequence intubation?

*Mark only one oval.*

- ☐ Successful endotracheal intubation on the first attempt
- ☐ Successful endotracheal intubation on the second attempt
- ☐ Good Cormack-Lehane grade view
- ☐ Minimizing hypotension
- ☐ I don't know

25. How do you incorporate apneic oxygenation in rapid sequence intubation? \*

*Mark only one oval.*

- ☐ I do not believe in apneic oxygenation
- ☐ I do not know what apneic oxygenation is
- ☐ I use nasal prongs at 15 L/min during the apneic phase

26. Do you use a stylet for endotracheal intubation during rapid sequence intubation? \*

*Mark only one oval.*

☐ Yes

☐ No

27. When do you place a gastric tube (oro- or naso-gastric tube)? \*

*Mark only one oval.*

☐ Before induction

☐ Immediately after endotracheal intubation

☐ A gastric tube is not required

28. How do you confirm endotracheal tube placement? \*

*Mark only one oval.*

☐ Visualizing the endotracheal tube passing through vocal cords

☐ Using capnometry

☐ Using capnography

☐ I don't know

29. What is the ideal position for your patient after endotracheal intubation? \*

*Mark only one oval.*

- ☐ Supine
- ☐ Head of bed elevation
- ☐ Head of bed depression

30. Which of the following agents do you prefer for post-intubation analgesia/sedation? \*

*Mark only one oval.*

- ☐ Fentanyl
- ☐ Propofol
- ☐ Midazolam
- ☐ Not routinely indicated
- ☐ Other: \_\_\_\_\_

### **Institutional practice**

(answer questions based on your department's/institution's recommendations)

31. Does your department have a rapid sequence intubation guideline or protocol? \*

*Mark only one oval.*

☐ Yes

☐ No

32. Is rapid sequence intubation standard procedure for victims requiring airway management at your department? \*

*Mark only one oval.*

☐ Yes

☐ No

33. If you answered no to the previous question, what do you think are the barriers for implementation of RSI as standard of care?

*Check all that apply.*

☐ Low number of patients requiring airway management

☐ No established protocol

☐ Lack of necessary equipment

☐ Lack of expert personnel

☐ Other: \_\_\_\_\_

34. Does your department monitor rates of first-pass attempt success at rapid sequence intubation? \*

*Mark only one oval.*

☐ Yes

☐ No

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