SKILLS STATION 1: Airway Adjuncts and Intubation

Objectives: On completion of Testing Station 1, the student will have demonstrated the ability to perform or demonstrate the following:

1. **Ventilate adult manikin using mouth-to-mask technique. (Each participant must have his or her own mask; masks must not be shared.)**
2. **Insert airway into adult intubation manikin and provide effective ventilation.**
3. **Insert LMA airway into adult intubation manikin and provide effective ventilation.**
4. **Intubate trachea of adult intubation manikin with endotracheal tube and assess that both lungs can be inflated simultaneously.**

Skills	Done	Not done
A. Mouth-to-Mask Ventilation With Supplemental Oxygen		
1. Connect oxygen line with 10 – 15 L flow.		
2. Establish airway by head-tilt, chin lift.		
3. Insert oropharyngeal airway with proper technique.		
4. Establish seal with mask.		
5. Ventilate mouth-to-mask		
B. Adult Intubation		
1. Assume ventilation is in progress.		
2. Connect laryngoscope blade and handle; check light: check cuff on endotracheal tube.		
3. Hold laryngoscope in left hand.		
4. Insert laryngoscope in right side of mouth, moving tongue to the left.		
5. Visualize epiglottis, then vocal cords.		
6. Insert ETT (endotracheal tube).		
7. Inflate cuff with 4-6 ml of air.		
8. Confirm correct placement of ETT clinically by ventilating, visualizing bilateral lung inflations, and auscultating both sides of the chest and over the epigastrium with a stethoscope.		
9. Confirm correct placement of ETT by using an appropriate device such as an $ETCO_2$ detector or esophageal detector device		

	C: Laryngeal Mask Airway (LMA)		
	1. Select the appropriate size of LMA for the intubation manikin.		
	2. Test the LMA cuff, partially deflate it and lubricate the back of the cuff with a water-soluble lubricant.		
	3. Open the mouth using the "crossed fingers" technique or by performing a tongue-jaw lift; do not hyperextend neck.		
	4. Insert tube into mouth and place it so that the curvature is the same as that of the pharynx.		
	5. Insert the tube into the mouth, directing it posteriorly until resistance is felt.		
	6. Inflate the cuff with the appropriate amount of air corresponding to the size of the tube.		
	7. Confirm correct placement of the LMA clinically by ventilating, visualizing bilateral lung inflations, and auscultating both sides of the chest and over the epigastrium with a stethoscope.		
	8. Confirm correct placement of ETT by using an appropriate device such as an $ETCO_2$ detector or esophageal detector device		

Overall Grade (circle one) / 10 Faculty _____

Pass Fail

PERIPHERAL AND CENTRAL I V SKILLS	Done	Not done
A. PERIPHERAL VEINS **1. Apply tourniquet proximally.** **2. Locate vein and cleanse the overlying skin with alcohol or povidone-iodine.** **3. Anesthetize the skin if a large bore cannula is to be inserted in an awake patient.** **4. Hold vein in place by applying pressure on vein distal to the point of entry.** **5. Puncture the skin with bevel of needle upward about ½ to 1 centimeter from the vein and enter the vein either from the side or from above.** **6. Note blood return and advance the catheter either over or through the needle, depending on which type of catheter-needle device is employed. Remove the tourniquet.** **7. Withdraw and remove the needle and attach the intravenous tubing.** **8. Cover the puncture site with povidone-iodine ointment and a sterile dressing and tape in place, excluding the point of connection of the intravenous tubing.**		

B. INTERNAL JUGULAR, MIDDLE OR CENTRAL ROUTE

1. **Patient in supine, at least 15^0 head down position, head turned away.**
2. **Cleanse skin, use lidocaine if patient awake.**
3. **Introduce needle attached to syringe in the center of triangle formed by two lower heads of sternomastoid muscle and clavicle.**
4. **Direct needle caudally, parallel to sagittal plane, at 30- posterior angle**
5. **If vein not entered, withdraw needle and redirect it 5 to 10 degrees laterally.**
6. **Advance needle while withdrawing plunger of syringe.**
7. **When blood appears and vein entered, remove syringe and insert catheter to predetermined depth.**
8. **Remove needle and connect catheter to IV tubing.**
9. **Cover puncture site, and affix catheter in place**

	Done	Not done
C.FEMORAL **1. Cleanse the overlying skin with povidone-iodine; this is especially important in this site because the danger of contamination is great. If the puncture is being performed electively, shave the hair around the area.** **2. Locate the femoral artery either by its pulsation or by finding the midpoint of a line drawn between the anterior superior iliac spine and the symphysis pubis.** **3. Infiltrate the skin with lidocaine if the patient is awake.** **4. Make the puncture with the needle attached to a 5 or 10 milliliter syringe two fingerbreadths below the inguinal ligament, medial to the artery, directing the needle cephalad at a 45-degree angle with the skin or frontal plane (some prefer to enter at a 90-degree angle) until the needle will go no further.** **5. Maintain suction on the syringe and pull the needle back slowly until blood appears in the syringe, indicating that the lumen of the vein has been entered.** **6. Remove the syringe and insert catheter with the needle more parallel to the frontal plane.** **7. Withdraw the needle, leaving the catheter in place.** **8. Connect to intravenous tubing.** **9. Cover the puncture site with povidone-iodine ointment and a sterile dressing and secure the catheter and tubing in place.**		

C. SUBCLAVIAN, INFRACLAVICULAR APPROACH **1. Patient in supine, at least 15^0 head down position, head turned away.** **2. Cleanse skin, use lidocaine if patient awake.** **3. Introduce needle attached to a syringe 1 centimeter below the junction of the middle and medial thirds of the clavicle.** **4. Hold the syringe and needle parallel to the frontal plane (the plane of the back of the patient).** **5. Direct the needle medially, slightly cephalad, and posteriorly behind the clavicle toward the posterior superior angle of the sternal end of the clavicle.** **6. Establish a good point of reference by firmly pressing the fingertip into the suprasternal notch to locate the deep side of the superior angle of the clavicle and directing the course of the needle slightly behind the fingertip.** **7. Advance needle while withdrawing plunger of syringe.** **8. When blood appears and vein entered, rotate bevel of needle caudally; remove syringe and insert catheter to predetermined depth.** **9. Remove needle and connect catheter to IV tubing.** **10. Cover puncture site, and affix catheter in place with frontal plane.**		

Overall Grade (circle one) **/ 10** **Faculty**

Pass Fail

SKILLS STATION : Regional Anaesthesia (Spinal Anaesthesia)

Objectives: On completion of Station the student will have the ability to perform or demonstrate the following:

1. **Regional Anaesthesia Spinal And Epidural**
2. **Know the Anatomy relevant to the technique**
3. **Know the pharmacology of local anaesthesia use.**
4. **Safety standards , indications and lcomplications of the technique**

Skills	Done	Not done
1. Consent		
2. Assessment (Indications And Contraindications)		
3. Insert Iv Fluids		
4. Mask, Cap, Gown And Gloves		
5. Prepare The Back With Antiseptic		
6. Place A Sterile Drape Over The Area		
7. Identify The Anatomical Landmarks		
8. Inject Local Anaesthetic Into The Skin And Deeper Tissue		
9. Insert The Large Introducer Needle Into The Selected Spinal Interspace		
10. Direct The Spinal Needle Through The Introducer And Into The Subarachnoid Space		
11. Free Flow Of CSF Confirms Proper Placement		
12. Aspirate For CSF If Clear Inject The Proper Anaesthetic		
13. Remove The Needle, Introducer And Drape Sheet		
14. Have The Patient Lie Down		

Overall Grade (circle one) / 10 Faculty _____ Pass Fail