Appendices

A – Survey questions sent to lead clinicians of UK prehospital services

Epidemiology

1. For which of the following services are you the lead clinician or medical director?:
    a. A local British Association of Immediate Care Services, (BASICS), scheme
    b. A UK – based Helicopter Emergency Medical Service, (HEMS)?
2. Does your HEMS or BASIC service provide, at least some of the time, pre-hospital general anaesthesia in the form of rapid sequence induction, (RSI), using at least an induction agent and muscle relaxant?
    a. Yes
    b. No, (if you answered *yes* please continue to question 4, if you answered *no* that is the end of the survey)
3. How many patients does your service assess and treat in the pre-hospital setting on an annual basis?
    a. Exact number
    b. Unknown
4. Do you maintain a database of all pre-hospital RSI's performed in your service?
    a. Yes
    b. No
5. If known how many RSI's are currently performed annually in your service?
    a. Exact number
    b. Unknown
6. If known how many RSI's are performed annually for trauma specifically?
    a. Exact number
    b. Unknown
7. In your service when is pre-hospital RSI available?
    a. Always-24hrs a day
    b. Always but daylight hours only
    c. Sometimes
    d. Never

Standard Operating Procedures

8. Does your service currently have and use a formal written *Standard Operating Procedure* (SOP), for pre-hospital RSI?
    a. Yes
    b. No (if you answered *yes* please go to question 9 if you answered *no* please answer 'N/A' until you get to question 15)
9. What year was an SOP for pre-hospital anaesthesia introduced in your service
    a. Exact year
    b. Unknown
    c. N/A
10. Does your SOP for pre-hospital anaesthesia contain provision for the clinician to choose from more than one induction agent and/or more than one neuromuscular blocking agent?
    a. Yes
    b. No
    c. N/A
11. How was SOP for pre-hospital RSOI itself developed?
    a. From local consensus opinion and/or a review of the evidence and/or from the extensive experience of pre-hospital RSI's in your service
    b. Copied from that of another pre-hospital service
    c. Adapted from that of another pre-hospital service
    d. Unsure
    e. N/A

12. Which of the following methods are used in your service to increase operator familiarity with pre-hospital RSI SOP's before allowing them to perform pre-hospital RSI?
    a. Simulation
    b. Didactic lecture based training
    c. Written information provided to clinicians
    d. No methods used
    e. N/A

Checklists

13. With regard to the use of a formal written pre-induction checklist in your pre-hospital service, which of the following is true?
    a. In my service a formal written pre-induction checklist exists and its use is both mandatory and routine
    b. A written pre-induction checklist exists but its use is not mandatory
    c. My service does not currently have a formal written pre-induction checklist, (if you answered *my service does not current have a formal written pre-induction checklist*, that is the end of the survey. However, if you answered yes, please go to question 14
14. What year was a formal pre-induction checklist introduced in your service
    a. Year exact
    b. Unknown
15. What is the format of your checklist?
    a. Read-do
    b. Read-confirm*
16. Does your service use a separate checklist for those patients who are peri-arrest, sometimes referred to as a *crash-induction checklist* and those patients who do not require such an expeditious intubation?
    a. Yes – a different checklist is used for each of these scenarios
    b. No – the same checklist is used regardless if the patient is peri-arrest or not
    c. If a patient is peri-arrest clinicians are not required to utilise a pre-induction checklist
17. How was the checklist itself developed?
    a. From local consensus opinion and/or a review of the evidence and/or from the experience of multiple RSI's in your service
    b. Copied from that of another pre-hospital service
    c. Adapted from that of another pre-hospital service
18. Is compliance with using the pre-induction checklist among clinicians formally audited?
    a. Compliance with checklist usage is audited on a routine basis
    b. Compliance with checklist usage is audited infrequently on an ad hoc basis
    c. Compliance with checklist usage is not audited
19. How often is the content and layout of your pre-induction checklists reviewed and/or revised?
    a. Frequently
    b. Infrequently
    c. Our pre-induction checklists are not reviewed or revised
20. Is feedback sought from clinicians involved directly in delivering pre-hospital RSI with regards to checklist length, content, layout and the logistics of utilisation?
    a. Feedback is sought from clinicians who perform or are involved in the delivery of pre-hospital RSI and is done routinely and formally
    b. Feedback is sought from clinicians who perform or are involved in the delivery of pre-hospital RSI but is done informally and/or infrequently
    c. Feedback is not sought from clinicians who perform or are involved with pre-hospital RSI
21. What training methods do you use to increase operator familiarity with pre-induction checklists before using them in a clinical environment?
    a. Simulation
    b. Didactic lecture based training
    c. Written information provided to clinicians

d. None

22. How often are the training methods mentioned in question 28 utilised as a way of familiarising clinicians with pre-hospital RSI checklists and SOP's?
    a. Always before a clinician starts work with the service and at regular intervals during their practice and whenever checklists and/or SOP's change?
    b. Always before a clinician starts work with the service but no on-going training
    c. Not consistently
    d. Never
23. Do you ever vary the order in which items to be checked are listed on written pre-induction checklists?
    a. Yes
    b. No

* *Read-do* refers to a checklist which is designed for one person to complete by performing a task and checking it off from a list. Conversely, a *read-confirm* checklist involves one person reading the checklist out and another confirming, usually verbally, when the task is complete.

B - Methods used to develop SOPs and checklists across high and low volume services.

	SOP			Checklist		
Service	**Original**	**Adapted**	**Copied**	**Original**	**Adapted**	**Copied**
High volume	4 (40%)	4 (40%)	2 (20%)	4 (16%)	5 (20%)	1 (10%)
Low volume	8 (57%)	6 (43%)	0 (0%)	6 (40%)	9 (60%)	0 (0%)
All services	12 (50%)	10 (42%)	2 (8%)	10 (40%)	14 (56%)	1 (4%)

'Original' = developed using local consensus opinion and current supporting evidence
'Adapted' = SOP or checklist adapted from that used by another pre-hospital service
'Copied' = SOP or checklist copied directly from that used by another pre-hospital service
Data presented as frequency (% of that type of service)