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| Northwest Community EMS System King Vision Evaluation Form |

All information obtained, including any appended materials, is furnished as a report of quality management and is privileged and confidential, to be used solely in the course of internal quality control for the purposes of reducing morbidity and mortality and improving the quality of patient care in accordance with Illinois Law (735IL CS 5/8-2004 et seq).

Complete this form for **ALL** patients on whom King Vision intubation was attempted

***Instructions to paramedics:*** *Forward the completed form to your Provider EMS Coordinator who shall forward to Dr. Jordan -* [*mjordan@nch.org*](mailto:mjordan@nch.org)

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| EMS agency | Date | Incident Number:  Cardiac Arrest:  Yes  No  DAI  Yes  No | Pt. gender:  Male  Female  Age:  Approx. wt.: lbs. |

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| **Intubation via King Vision** | | | |
| #1 pass attempt successful?  Yes  No #2 pass attempt successful?  Yes  No | | | |
| **If VL Intubation Successful** | | | |
| Airway suctioning required? | | | Yes  No |
| Difficulty placing the blade into the mouth? | | | Yes  No |
| Tube Size? | | | 7.0  7.5 |
| Preloaded Bougie used as instructed? | | | Yes  No |
| Methods of ETI confirmation? | | | □ Capnography □ Lung sounds  □ Medic visualization |
| **If VL Unsuccessful** | | | |
| Airway secretions present? | Yes  No | | |
| Mouth opening too small for blade? | Yes  No | | |
| Visualization successful but unable to pass tube? | Yes  No | | |
| Blade tip placed in vallecula? | Yes  No | | |
| If there was difficulty intubating, new information learned or general feedback to share - please use the space below. | | | |
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