

NWC EMSS Skill Performance Record
OROTRACHEAL INTUBATION w/ KING VISION & Bougie

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is found in bed with apnea. No trauma is suspected. Prepare the equipment and intubate the patient.

Performance standard	Attempt 1 rating	Attempt 2 rating
0 Step omitted (or leave blank) 1 Not yet competent: Unsuccessful; required critical or excess prompting; marginal or inconsistent technique 2 Successful; competent with correct timing, sequence & technique , no prompting necessary		
* Takes or verbalizes BSI precautions: gloves, goggles, facemask		
Prepare patient <input type="checkbox"/> Open the airway manually <input type="checkbox"/> *Elevate tongue, insert BLS adjuncts: NPA or OPA unless contraindicated		
Assess SpO ₂ on RA if time and personnel allow; auscultate breath sounds for baseline		
*Preoxygenate/ventilate for 3 min w/ O ₂ 12-15 L/BVM with O ₂ reservoir; at 10 BPM unless asthma/COPD (6-8 BPM); squeeze bag over 1 sec with sufficient volume to see chest rise (~400-600mL) – avoid high pressure & gastric distention. Ventilate with room air until O ₂ source available.		
Assess for signs suggesting a difficult intubation: neck/mandible mobility, oral trauma, loose teeth; F/B; ability to open mouth, Mallampati view, thyromental distance; overbite		
Selects, checks, assembles equipment		
Have everything ready before placing blade into mouth <input type="checkbox"/> Prepare suction equipment (DuCanto rigid and flexible catheters); turn on to ✓ unit; suction prn <input type="checkbox"/> King Vision & Blade (curved channeled) <input type="checkbox"/> Select ETT 7.0 & 7.5 (must fit into channeled blade) <input type="checkbox"/> Bougie; 10mL syringe, water-soluble lubricant <input type="checkbox"/> Capnography, commercial tube holder, head blocks or tape, stethoscope <input type="checkbox"/> Have alternate airway selected, prepped, & in sight (King LT) & Salem sump tube		
* Check ETT cuff integrity while in package; fill syringe w/ 10 mL of air; leave attached to pilot tubing		
Place lubricant inside channel of King vision Blade		
* Assemble King Vision; ensure it is operational. Load tube into lubricated channel; load bougie inside tube. Ensure tube and bougie do not extend past channel in blade		
Pass tube: * (Allow no more than 30 sec of apnea)		
<input type="checkbox"/> Maintain O ₂ 6 L/NC during procedure <input type="checkbox"/> Assistant or examiner stops ventilating pt; withdraws OPA (NPA remains) <input type="checkbox"/> Have partner apply lip retraction, external laryngeal pressure <input type="checkbox"/> Monitor VS, level of consciousness, skin color, ETCO ₂ , (SpO ₂ if perfusing rhythm) q. 5 min. during procedure; time elapsed		
START TIMING tube placement after last breath _____ <input type="checkbox"/> Open mouth w/ cross finger technique <input type="checkbox"/> *Insert King Vision blade directly midline holding the blade right above the channeled portion, not on large handle portion below screen <input type="checkbox"/> *Insert the blade down the midline of the tongue until you reach the back of the tongue and you can visualize the epiglottis <input type="checkbox"/> *Seat blade in the vallecula, do not lift blade it is a non-displacing device. Look to visualize epiglottis, posterior cartilages, and/or vocal cords		
*Visualization <input type="checkbox"/> Advance bougie through the glottis. If needed, twist the bougie, like a pencil, to the left or right to guide between the cords.		
*Insertion of ET tube <input type="checkbox"/> Intubator maintains view with King Vision in place and then advances the ETT over the bougie and through the glottis <input type="checkbox"/> Counterclockwise rotation of ETT facilitates insertion through vocal cords into trachea if met with resistance at the glottic opening.		
*If > 30 sec: of apnea; remove king vision, reoxygenate X 30 sec. If pt remains good candidate for ETI, change position, blade, or PM and attempt again. May go straight to King LT if unable to visualize anything.		

Performance standard 0 Step omitted (or leave blank) 1 Not yet competent: Unsuccessful; required critical or excess prompting; marginal or inconsistent technique 2 Successful; competent with correct timing, sequence & technique , no prompting necessary	Attempt 1 rating	Attempt 2 rating
* Once ETT is inserted to proper depth (3X tube ID at teeth), firmly hold ETT in place, remove tube from channel by taking tube to corner of the mouth. Carefully remove blade from mouth and bougie from ETT.		
* Confirm tracheal placement: <input type="checkbox"/> Ensure adequate ventilations & oxygenation: 15 L O ₂ ; ventilate as needed at 10 BPM unless asthma/COPD (6-8 BPM)–observe chest rise; auscultate over epigastrium, both midaxillary lines and anterior chest X 2. <input type="checkbox"/> Definitive confirmation: monitor ETCO₂ number & waveform. <input type="checkbox"/> Time of tube confirmation: (Seconds of apnea)_____		
Troubleshooting <input type="checkbox"/> *If breath sounds only on right, withdraw ETT slightly and listen again. <input type="checkbox"/> *If in esophagus: remove ETT, reoxygenate 30 sec; repeat from insertion of blade with new tube <input type="checkbox"/> *If ETT cannot be placed successfully (2 attempts) or nothing can be visualized; attempt extraglottic airway.		
If tube placed correctly <input type="checkbox"/> *If breath sounds present and equal bilaterally, inflate cuff w/ up to 10 mL air to proper pressure (minimal leak) & remove syringe <input type="checkbox"/> Note ET depth: diamond on ETT level w/ teeth or gums (3 X ID ETT) <input type="checkbox"/> * Insert OPA; align ETT with side of mouth; secure ETT with commercial tube holder; apply lateral head immobilization.		
If secretions in tube or gurgling sounds with exhalation: suction prn <input type="checkbox"/> Select a flexible suction catheter <input type="checkbox"/> Preoxygenate patient <input type="checkbox"/> Mark maximum insertion length with thumb and forefinger <input type="checkbox"/> Insert catheter into the ET tube leaving catheter port open <input type="checkbox"/> At proper insertion depth , cover catheter port and applies suction while withdrawing catheter <input type="checkbox"/> Ventilate/direct ventilation of patient (NO SALINE FLUSH)		
* Reassess: Frequently monitor SpO ₂ , EtCO ₂ , tube depth, VS, & lung sounds enroute to detect displacement, complications (esp. after pt movement), or condition change If intubated & deteriorates, consider: Displacement of tube, Obstruction of tube, Pneumothorax, Equipment failure (DOPE)		
Post-intubation sedation: If pt remains unconscious but begins to bite the ETT, give midazolam in 2 mg increments IVP as needed up to total of 20 mg for post-intubation sedation		
State complications of the procedure: <input type="checkbox"/> Post-intubation hyperventilation: Use watch, clock, timing device <input type="checkbox"/> Barotrauma: pneumothorax & tension pneumothorax; esophageal perforation <input type="checkbox"/> Trauma to teeth or soft tissues <input type="checkbox"/> Undetected esophageal intubation <input type="checkbox"/> Mainstem intubation <input type="checkbox"/> Hypoxia, dysrhythmia <input type="checkbox"/> Over sedation		
*Critical Criteria: Check if occurred during an attempt (automatic fail) <input type="checkbox"/> Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time <input type="checkbox"/> Failure to take or verbalize body substance isolation precautions <input type="checkbox"/> Failure to voice and ultimately provide high oxygen concentrations [at least 85%] <input type="checkbox"/> Failure to ventilate patient at appropriate rate <input type="checkbox"/> Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible] <input type="checkbox"/> Failure to pre-oxygenate patient prior to intubation and suctioning <input type="checkbox"/> Failure to successfully intubate within 2 attempts without immediately providing alternate airway <input type="checkbox"/> Failure to disconnect syringe immediately after inflating cuff of ET tube <input type="checkbox"/> Uses teeth as a fulcrum <input type="checkbox"/> Failure to assure proper tube placement by capnography and auscultation of chest bilaterally and over the epigastrium <input type="checkbox"/> Inserts any adjunct in a manner dangerous to the patient <input type="checkbox"/> Suctions patient excessively or does not suction the patient when needed <input type="checkbox"/> Failure to manage the patient as a competent paramedic <input type="checkbox"/> Exhibits unacceptable affect with patient or other personnel <input type="checkbox"/> Uses or orders a dangerous or inappropriate intervention		

Factually document below your rationale for checking any of the above critical criteria.

Scoring: All steps must be independently performed in correct sequence with appropriate timing and all starred (*) items must be explained/ performed correctly in order for the person to demonstrate competency. Any errors or omissions of these items will require additional practice and a repeat assessment of skill proficiency.

Rating: (Select 1)

- ☐ **Proficient:** The paramedic can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction.
- ☐ **Competent:** Satisfactory performance without critical error; minimal coaching needed.
- ☐ **Practice evolving/not yet competent:** Did not perform in correct sequence, timing, and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice

CJM 8/17

Preceptor (PRINT NAME - signature)