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| Northwest Community EMS System ADVANCED AIRWAY QUALITY IMPROVEMENT |

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 an advanced airway was attempted

***Instructions to paramedics:*** *Forward the completed form and a copy of the patient care report (PCR) to the receiving hospital’s EMS Coordinator. If pt transported, place forms in the confidential mail file/box provided for PCRs.*

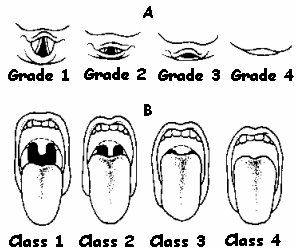
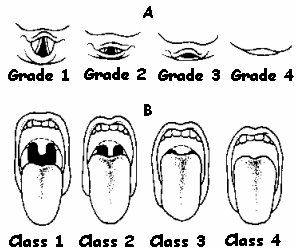
*If transported to a non-system hospital, forward forms to your assigned hospital EMS Coordinator/educator*.

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

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| Advanced Airway Attempt **OROTRACHEAL Intubation** | | | |
| #1 pass attempt successful?  Yes  No #2 pass attempt successful?  Yes  No  *Complete* ***Intubation Analysis Section*** *on p. 2 for each attempt - successful and unsuccessful* | | | |
| **If Orotracheal Intubation Successful** | | | |
| Tube depth in cm (list) | | |  |
| Tube secured w/ commercial device? | | | Yes  No |
| Head secured w/ tape/device? | | | Yes  No |
| Amount of air in cuff in mL (list) | | |  |
| Advanced Airway Attempt **KING Airway** | | | |
| #1 pass attempt successful?  Yes  No #2 pass attempt successful?  Yes  No  Was pt successfully ventilated / oxygenated after placement?  Yes  No | | | |
| **Check reason why KING was used below** | | | |
| ☐ Cardiac Arrest Other:  ☐ Unsuccessful intubation  ☐ Perceived difficult Intubation | | | |
| Advanced Airway Attempt **Other** *(if applicable)* | | | |
|  | **NASOTRACHEAL intubation Other (Digital, directed; list):**  #1 pass attempt successful?  Yes  No; #2 pass attempt successful?  Yes  No  *Complete applicable sections of* ***Intubation Analysis*** *for each attempt on page 2* | | |
|  | **CRICOTHYROTOMY**  **#1 attempt**:  Needle Surgical **#2 attempt**:  Needle  Surgical  Successful?  Yes  No Successful?  Yes  No  Was pt successfully ventilated / oxygenated after placement?  Yes  No | | |
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**View of Larynx/cords View of larynx/cords View of uvula** Malampatti score

(after insertion of blade) (used only if pt awake to cooperate)



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| **Intubation Analysis** | **First Pass Attempt #1** | **Second Pass Attempt #2** |
| Visualization only | Yes  No | Yes  No |
| Tube inserted into mouth? | Yes  No | Yes  No |
| Blade used – circle size | 0 1 2 3 4 Straight  1 2 3 4 Curved | 0 1 2 3 4 Straight  1 2 3 4 Curved |
| Tracheal tube size (list) |  |  |
| Patient location | Floor  Bed  Stretcher  Other | Floor  Bed  Stretcher  Other |
| Padding under occiput (shoulders if peds)? | Yes  No | Yes  No |
| Non-Bougie stylet used? | Yes  No | Yes  No |
| Bougie used? | Yes  No | Yes  No |
| External laryngeal pressure (BURP)? | Yes  No | Yes  No |
| Lip retraction used? | Yes  No | Yes  No |
| Suction used? | Yes  No | Yes  No |
| Benzocaine used? | Yes  No | Yes  No |
| IV established? | Yes  No | Yes  No |
| **DAI:** Midazolam used? | Yes  No | Yes  No |
| Etomidate used? | Yes  No | Yes  No |
| View of vocal cords? (see above) | 1  2  3  4 | 1  2  3  4 |
| Malampatti Score? (see above) | 1  2  3  4  Unable | 1  2  3  4  Unable |
| EDD used? | Yes  No | Yes  No |
| Capnography used? | Yes  No | Yes  No |
| Direct visualization thru cords? (did you see the tube pass the vocal cords?) | Yes  No | Yes  No |
| Gastric sounds? | Present Absent | Present Absent |
| Breath sounds present? | Left Only  Right Only  Both  None | Left Only  Right Only  Both  None |

If unsuccessful – why do you think you were unable to place the airway?

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| The information below is to be completed by the receiving hospital (if applicable) | | |
| **How was field tube placement confirmed by ED?** (Check all that apply)  X-ray  Auscultation  Direct visualization  Capnography  Unknown | | |
| **Patient intubated in ED?** (or re-intubated) | | Yes If yes: Was intubation complicated or difficult?  Yes  No  Unknown  ETT in ED after King placed in Field?  No If no:  Not needed  Unable  If no, how was airway secured / maintained (LMA etc.)? |
| **Who performed intubation?**  ED attending  Resident  Anesthesia  Other (list): | | |
| Method | Oral  Nasal  Video laryngoscopy  Retrograde  Transilluminated  BURP (Backwards, upward, rearward pressure)  HELP (Head extension laryngoscopy position)  RSI (list meds & dose)  Other (list below) | |

REV 1.3 SW 04/07/2016