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| Northwest Community EMS SystemADVANCED 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 [ ]  NoPt. 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 [ ]  NoWas 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 [ ]  NoWas 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 Straight1 2 3 4 Curved | 0 1 2 3 4 Straight1 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 [ ]  UnableIf 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)  |

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