Northwest Community EMS System

ADVANCED AIRWAY QUALITY IMPROVEMENT

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.

EMS agency	Date	Incident Number: _____ Cardiac Arrest: ☐ Yes ☐ No Pt. transported? ☐ Yes ☐ No	Pt. gender: ☐ Male ☐ Female Age: _____ Approx. wt.:_____lbs.

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)*

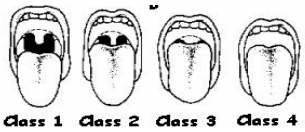
☐ **NASOTRACHEAL intubation** **Other (Digital, directed; list):**
#1 pass attempt successful? ☐ Yes ☐ No; #2 pass attempt successful? ☐ Yes ☐ No
*Complete applicable sections of **Intubation Analysis** for each attempt on page 2*

☐ **CRICOTHYROTOMY**
#1 attempt: ☐ Needle ☐Surgical **#2 attempt**: ☐ Needle ☐ Surgical
Successful? ☐ Yes ☐ No Successful? ☐ Yes ☐ No
Was pt successfully ventilated / oxygenated after placement? ☐ Yes ☐ No

OVER…Please complete information on back for all tracheal intubation attempts

View of Larynx/cords
(after insertion of blade)

View of larynx/cords View of uvula Malampatti score
(used only if pt awake to cooperate)



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?

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)