

AIRWAY MGMT REPORT	Report Completed By:	Date	Completed PAM Class? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Complete appropriate sections of this form for any pt. receiving CPAP, BVM ventilation or any attempted ALS airway mgmt.

Incident Date:		Incident Location		Incident No.
Pt. Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Est. Wt. kg	Est. Height: ft. in.	Provider Impression of Pt. Condition (i.e. COPD, CHF, Medical Cardiac Arrest)

CPAP REPORT	3. Were there any problems using CPAP? <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Did pt. clinical condition improve with CPAP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If YES: <input type="checkbox"/> Pt. agitation <input type="checkbox"/> CPAP unit issues <input type="checkbox"/> O2 supply <input type="checkbox"/> Other:
2. Was pt. ultimately intubated in E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

1. Indication(s) for invasive airway management? (check all that apply)

<input type="checkbox"/> CPR/apnea/agonal resps	<input type="checkbox"/> Inadequate respiratory effort
<input type="checkbox"/> Decreased Mental Status	<input type="checkbox"/> Direct trauma to face or airway
<input type="checkbox"/> No airway reflexes	<input type="checkbox"/> Other:

2. BLS Airway Management Utilized for Patient:

<input type="checkbox"/> Nasal Cannula	<input type="checkbox"/> Oral or Nasal Airways (circle)
<input type="checkbox"/> Non-rebreather mask	<input type="checkbox"/> Suction
<input type="checkbox"/> Bag-Valve Mask ventilation	<input type="checkbox"/> Other:

3. Vitals immediately PRIOR to initial ETT/ airway mgmt. attempt:

HR: BP: RR : GCS:
SpO2: ETCO2:

4. ALS Airway Procedure	No. of Attempts	Successful?	Performed By:
<input type="checkbox"/> ET Intubation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> ET Intubation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Combitube/King LT		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Surgical Cric		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. IF ALS Airway Mgmt. NOT Attempted, Reason:

Pt. airway managed w/ BVM & BLS maneuvers
 Short ETA—arrived at ED before attempt(s) could be made
 Pt. evaluated as Difficult Airway:
 Other:

6. Complicating Factors & Difficulties Present on Intubation Attempt:

<input type="checkbox"/> Intact Gag Reflex	<input type="checkbox"/> Laryngospasm
<input type="checkbox"/> Vomit/Blood in airway	<input type="checkbox"/> Foreign Body Airway Obstruction
<input type="checkbox"/> Trismus/Clenched jaw	<input type="checkbox"/> Unable to visualize cords
<input type="checkbox"/> Combative patient	<input type="checkbox"/> Difficult anatomy:
<input type="checkbox"/> Equip. Failure:	<input type="checkbox"/> Other:

7. Confirmation of ET Tube / Rescue Airway Placement:

ET tube size:	Placed at	mm at teeth
Vocal cords clearly visualized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Bilateral Lung sounds confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Absent stomach sounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Equal Chest Rise?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Waveform ETCO2 Reading?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	mm
Easy-Cap Device Utilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
If YES: <input type="checkbox"/> Yellow <input type="checkbox"/> Beige <input type="checkbox"/> Purple		

8. Complications resulting FROM procedure: Yes No; If YES:

Dental trauma (i.e. tooth broken) Esoph. intubation—immed. detected
 Tube dislodged during pt. care Esoph. intubation—detected in ED
 Other:

9. Vitals (1 min.) AFTER Adv. Airway Is Successfully Placed:

HR: BP: RR : GCS:
SpO2: ETCO2:

10. RSI Utilized To Facilitate Airway Control? Yes No NA

Indicate drugs used to initially sedate/paralyze pt. for intubation

Etomidate: _____mg Atropine: _____mg
 Versed: _____mg Vecuronium: _____mg
 SUX: _____mg Other: _____mg
 Lidocaine: _____mg

IF RSI was unsuccessful, why?

11. Surgical Cric / Pedi Needle Cric: Yes No NA

Surgical Pedi Needle Cric **Successful?** Yes No NA
If surgical cric, method: Scalpel PerTrach Cook-Melker Kit
No. of attempts required?
Comments:

12. Combitube /King Airway Attempted? Yes No NA

Successful? Yes No NA; If Yes; # attempts?
Complications? Size Used?

13. Pleural Decompression: Yes No NA

Indications for pleural decompression:
 S & S of Tension Pneumo PEA with Chest Trauma
 Other:
Needle decompression location(s):
 R Mid-Clavicular R Mid-Axill L Mid-Clavicular L Mid-Axill
Decompression Successful?
 Yes No NA # Insertions made: .
Pt. clinical condition improved? Yes No NA

14. If all attempts to intubate failed, how was airway managed?

NA Bag Valve Mask King Airway
 Cricothyroidotomy Other:

15. ED Physician Confirmation of ET / Adv. Airway Placement?

Yes No NA; Physician Name:
Physician Signature Date:

Comments:
