[Please place patient sticker here]	To be completed by study team:
	# days (age)(intubated) (PICU)
	Center Unique Identifier: Encounter #
	PIM2:
	Course #(s):

NEAR4KIDS QI Collection Form

ENCOUNTER INFORMATION	
Patient Information Airway Bundle/Dink about Completed front AND	ha aku
Airway Bundle/Pink sheet Completed – front AND Date: Time:	Location:
Patient Gender:	
Form Completed By (please print):	
•	nding Physician Present?
INDICA	<u>TIONS</u>
<u>INITIAL INTUBATION</u> <u>Check as many as apply:</u>	CHANGE-OF-TUBE Type of Change:
Check do many do appry.	From:
	To:
	Nature of Change:
	go.
	Check as many as apply:
	Check as many as apply.
Diagnostic Catagory (Chack as many as apply):	
Diagnostic Category (Check as many as apply):	

An "ENCOUNTER" of advanced airway management refers to complete sequence of events leading to a placement of an advanced airway

A "COURSE" of advanced airway management refers to ONE method or approach to secure an airway AND ONE set of medications (including premedication and induction). Each course may include one or several "attempts" by one or several providers.

An "ATTEMPT" is a single advanced airway maneuver (e.g. tracheal intubation, LMA placement), beginning with the insertion of a device, e.g. laryngoscope (or LMA device) into patient's mouth or nose, and ending when the device (laryngoscope), LMA or tube is removed.

COURSE INFORMATION

Attempts for this COURSE	1	2	3	4	5	6	7	8
Who intubated (Fellow, Resident, etc)								
Discipline (ICU, ENT, Surgery, etc)								
PGY level (3 rd year resident = PL3, 1 st year fellow = PL4, NP=yrs as NP, etc.)								
ETT (or LMA) size								
ETT type: cuffed/uncuffed/ NA								
Immediately prior to this attempt was cricoid pressure/external laryngeal manipulation provided?								
During this attempt, was cricoid pressure/external laryngeal manipulation provided?								
Attempt Successful: Yes / No								

Difficult to Bag – Mask Ventilate? (Circle ONE only):	

Difficult Airway Evaluations (Choose/Circ	cle one in each catego	rv):		
1. Evaluation done before or after this cou				
2. Known prior history of difficult airway?				
3. Any Limited Neck Extension or (Maxima				
Severe Reduction (e.g. trauma patient with				
4. Widest Mouth Opening – How many Pa				
5. Thyromental space – Patient's fingers b	etween chin and thyroic	l cartilage		
6. Evidence of Upper Airway Obstruction of assessment before looking)?	or Anatomical Barrier to	visualize glottic openir	ig (Subjective	
7. Midfacial Hypoplasia?				
8. Any other signs of difficult airway exist?				
If YES Please Explain:				<u>.</u>
Known cyanotic heart disease (R to L sl	nunt)? (Circle ONE on	lv)		
Tariouri Sydnotic ricult discuss (it to 2 of	idity. (Onoio One on	· y /		
Medications:				
□ NO DRUGS USED (If no drugs used, sele		ection)	1	
Pretreatment Dosage	Paralysis Dosage		Induction Dosag	
[] mg Atropine (check unit!)		g Rocuronium	[] mg Propofol
[] mcg Glycopyrrolate		g Succinylcholine	[] mg Etomidate
[] mcg Fentanyl	-	g Vecuronium	[] mg Ketamine
[] mg Lidocaine	[] m	g Pancuronium	[] mg Midazolam
[] mg Vecuronium	[] m	g Cisatracuronium	[] mg Thiopental	
Others:	Others:		Others:	
Glycopyrrolate Indication: Method: Begin NEW course if NEW method:	hod / device used (plea	ase use new form):		
Apneic Oxygenation Use:				
Was Oxygen provided <u>DURING</u> any TI a course?	attempts for this			
2. If Yes, How was the oxygen provided:				
		L	iter Flow	FiO2
Device (Check only ONE) Begin NEW cou	irse if NEW method / d	evice used.		