

[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/Pink sheet Completed – front AND back**

Date: _____ Time: _____ Location: _____

Patient Gender: M F Patient Dosing Weight (kg): _____

AT THE TIME OF INTUBATION, did this patient have a suspected or confirmed diagnosis of an emerging epidemic/novel lung disease? (i.e. COVID-19, SARS, Pandemic Flu, EVALI) YES / NO

Form Completed by (please print): _____ Pager #: _____

Family member present? Yes / No

Attending physician present? Yes / No

INDICATIONS

INITIAL INTUBATION

Check as many as apply:

- ☐ Oxygen Failure
(e.g. PaO₂ <60 mmHg in FiO₂ >0.6 in absence of cyanotic heart disease)
- ☐ Procedure
(e.g. IR or MRI)
- ☐ Ventilation Failure
(e.g. PaCO₂ > 50 mmHg in the absence of chronic lung disease)
- ☐ Frequent Apnea and Bradycardia
- ☐ Upper Airway obstruction
- ☐ Therapeutic hyperventilation
(e.g. intracranial hypertension, pulmonary hypertension)
- ☐ Airway Clearance
- ☐ Neuromuscular weakness
(e.g. Max. negative inspiratory pressure > -20 cm H₂O; vital capacity < 12 – 15 ml/kg)
- ☐ Emergency drug administration
- ☐ Unstable Hemodynamics (e.g. shock)
 - ☐ ongoing CPR
- ☐ Absent protective airway reflexes
(e.g. cough, gag)
- ☐ Reintubation after unplanned extubation
- ☐ Others:

CHANGE-OF-TUBE

Type of Change:

From: ☐ Oral ☐ Nasal ☐ Tracheostomy

To: ☐ Oral ☐ Nasal ☐ Tracheostomy

Nature of Change:

- ☐ Clinical Condition
- ☐ Immediate after Previous Intubation (Exclude routine Trach Change)

Check as many as apply:

- ☐ Tube too small
- ☐ Tube too big
- ☐ Tube changed to cuffed tube
- ☐ Tube changed to uncuffed tube
- ☐ Previous tube blocked or defective
- ☐ For more stable airway management
- ☐ For procedure (e.g. bronchoscopy, etc.)
- ☐ Others:

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)

Yes / No / Not applicable (bag-mask ventilation not given)

Difficult Airway Evaluations (Choose/Circle one in each category):

	BEFORE	AFTER
1. Evaluation done before or after this course is completed?		
2. Known prior history of difficult airway?	YES	NO
3. Any Limited Neck Extension or (Maximal with or without sedation/paralytics) Severe Reduction (e.g. trauma patient with collar)	YES	NO
4. Widest Mouth Opening – How many <u>Patient's</u> fingers between gum/incisors	0 – 2	≥ 3
5. Thyromental space – Patient's fingers between chin and thyroid cartilage	0 - 2	≥ 3
6. Evidence of Upper Airway Obstruction or Anatomical Barrier to visualize glottic opening (Subjective assessment before looking)?	YES	NO
7. Midfacial Hypoplasia?	YES	NO
8. Any other signs of difficult airway exist?	YES	NO
If YES Please Explain:		

Known cyanotic heart disease (R to L shunt)? (Circle ONE only)

Yes / No

Medications:

☐ NO DRUGS USED (If no drugs used, select box and go to next section)

Pretreatment Dosage	Paralysis Dosage	Induction Dosage
[] mg Atropine (check unit!)	[] mg Rocuronium	[] mg Propofol
[] mcg Glycopyrrolate	[] mg Succinylcholine	[] mg Etomidate
[] mcg Fentanyl	[] mg Vecuronium	[] mg Ketamine
[] mg Lidocaine	[] mg Pancuronium	[] mg Midazolam
[] mg Vecuronium	[] mg Cisatracuronium	[] mg Thiopental
Others:	Others:	Others:

Atropine Indication: ☐ Premed for TI ☐ Treatment of Bradycardia

Glycopyrrolate Indication: ☐ Premed for TI ☐ Treatment of Bradycardia

Method: Begin NEW course if NEW method / device used (please use new form):

☐ Oral ☐ Nasal ☐ LMA ☐ Oral to Oral ☐ Oral to Nasal ☐ Nasal to Oral ☐ Nasal to Nasal ☐ Tracheostomy to Oral

(Not part of medical record call x5193 if found)

Standard Sequence (administration of induction meds, PPV, then paralysis)	Paralysis Only
Rapid Sequence requiring positive pressure ventilation (PPV)	Awake, topical
Rapid Sequence without PPV (Classic RSI)	No medications
Sedation & Paralysis (Change of tube or subsequent courses)	Surgical – Cricothyrotomy/Tracheostomy
Sedation Only	Others (Specify):

Apneic Oxygenation Use

- Was Oxygen provided **DURING** any TI attempts for this course? **YES / NO / ATTEMPTED but not done (explain on last page)**
- If Yes, How was the oxygen provided:

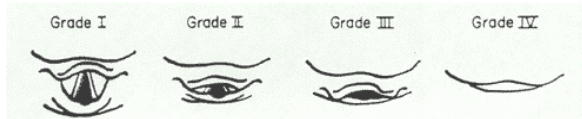
	Liter Flow	FiO2
NC without nasal airway		
NC with nasal airway		
Oral airway with oxygen port		
Through LMA		
HFNC		
NIV with nasal prong interface – provide PEEP/PIP		
Other (device, FiO2, Setting):		

Device (Check only ONE) Begin NEW course if NEW method / device used.

Laryngoscope	Fiber optic-flex
LMA (Laryngeal mask airway) only	ET tube via trach-stoma
Intubation through LMA	Surgical airway – Percutaneous/Cricothyrotomy Describe:
Video laryngoscope - Unguided (e.g. Glidescope)	Other (please describe):
Video laryngoscope – CMAC View FOR INTUBATOR: Direct / Indirect	

Tracheal Intubation Confirmation [Check ALL that apply]

Adequate and equal chest rise	Exhaled CO2 – colorimetric
Appropriate breath sounds heard (Auscultation)	Chest X-ray
Humidity seen in endotracheal tube	Second independent laryngoscopy
Exhaled CO2 – capnography	Others:



Glottic Exposure During Intubation [Check only ONE]:

I = Visualized entire vocal cords	IV = Non visualized epiglottis
II = Visualized part of cords	V = Not Applicable (e.g. blind nasotracheal)
III = Visualized epiglottis only	

Tracheal Intubation Associated Events (Check ALL that apply: LINK it to attempt #):

EVENTS	ATTEMPT #	EVENTS	ATTEMPT #
NONE		Epistaxis	
Cardiac arrest – patient died		Dental trauma	
Cardiac arrest – patient survived		Lip trauma	
Main stem intubation		Laryngospasm	
Esophageal intubation, immediate recognition		Malignant hyperthermia	
Esophageal intubation, delayed recognition		Medication error	
Vomit with aspiration		Pneumothorax / pneumomediastinum	
Vomit but No aspiration		Direct airway injury	
Hypotension, needs intervention (fluids/pressors)		Dysrhythmia (includes Bradycardia <60/min)	
Hypertension, requiring therapy		Pain/Agitation, req'd additional meds <u>AND</u> delay in intubation	
Other (Please describe):			

Monitoring Of Vital Signs (Confirm with telemetry / monitoring records):

Pulse oximetry (%):	Highest Value immediately prior to course of intubation (e.g. after pre-oxygenation)	%	Lowest value during the course of intubation, even transiently	%
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(Not part of medical record call x5193 if found)

Course Success:

Successful tracheal intubation/advanced airway management: Yes / No

If course failed, please explain briefly:

- | | |
|---|--|
| <input type="checkbox"/> Cannot visualize vocal cords | <input type="checkbox"/> Unstable hemodynamics |
| <input type="checkbox"/> Cannot place device into trachea | <input type="checkbox"/> Other (please explain): |

Disposition:

	Stay in PICU/NICU/CICU/ED		Transferred to	<input type="checkbox"/> PICU	<input type="checkbox"/> NICU	<input type="checkbox"/> CICU
	Died – due to failed airway management					
	Died – other causes		Others (Specify):			

Other Comments (e.g. the use of higher dose of vecuronium, choice of drugs used) please explain:**To be completed by study team:**

BP: _____	PICU Admit: (date and time 1 st VS) _____
Pupils: _____	_____
Mechanical Ventilation 1 st hour: _____	Extubated: _____
FiO2: _____	
PaO2: _____	PICU d/c: _____
Base Excess (art or cap only): _____	
HR or LR diagnosis: _____	