[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):	

	le one in each category):		
1. Evaluation done before or after this cou	rse is completed?		
2. Known prior history of difficult airway?			
3. Any Limited Neck Extension or (Maxima	I with or without sedation/paralytics)		
Severe Reduction (e.g. trauma patient with	collar)		
4. Widest Mouth Opening – How many <u>Pa</u>	<u>ient's</u> fingers between gum/incisors		
5. Thyromental space – Patient's fingers b	etween chin and thyroid cartilage		
	r Anatomical Barrier to visualize glottic open	ng (Subjective	
assessment before looking)?			
7. Midfacial Hypoplasia?			
8. Any other signs of difficult airway exist?			
If YES Please Explain:			
Known cyanotic heart disease (R to L sh	unt)?: (Circle ONE only)		
Medications:			
NO DRUGS USED (If no drugs used, sele	ct box and go to next section)		
Pretreatment Dosage	Paralysis Dosage	Induction Dosag	je
[] mg Atropine (check unit!)	[] mg Rocuronium		_] mg Propofol
[] mcg Glycopyrrolate	[] mg Succinylcholine	[] mg Etomidate
[] mcg Fentanyl	[] mg Vecuronium	Γ] mg Ketamine
mg Lidocaine	[] mg Pancuronium	[] mg Midazolam
[] mg Vecuronium	[] mg Cisatracuronium	[_] mg Thiopental
Others:	Others:	Others:	
Atropine Indication:			
Glycopyrrolate Indication:			
	od / device used (please use new form):		
Method: Begin NEW course if NEW meth	od / device used (please use new form):		
	od / device used (please use new form):		
Method: Begin NEW course if NEW meth			
Method: Begin NEW course if NEW meth			
Method: Begin NEW course if NEW meth			
Method: Begin NEW course if NEW meth			
Method: Begin NEW course if NEW method: Airway Management Technique and/or Course if NEW method:			
Method: Begin NEW course if NEW method: Airway Management Technique and/or Course if NEW method: Appele Oxygenation Use:	Corresponding Medication Protocol:		
Method: Begin NEW course if NEW method: Airway Management Technique and/or Course if NEW method: Appear	Corresponding Medication Protocol:		
Method: Begin NEW course if NEW method: Airway Management Technique and/or Course if NEW method: Appele Oxygenation Use:	Corresponding Medication Protocol:		
Airway Management Technique and/or Company Management Technique an	Corresponding Medication Protocol:	iter Flow	FiO2
Airway Management Technique and/or Company Management Technique an	Corresponding Medication Protocol:	iter Flow	FiO2
Airway Management Technique and/or Company Management Technique an	Corresponding Medication Protocol:	iter Flow	FiO2
Airway Management Technique and/or Company Management Technique an	Corresponding Medication Protocol:	iter Flow	FiO2
Airway Management Technique and/or Company Management Technique an	Corresponding Medication Protocol:	iter Flow	FiO2
Airway Management Technique and/or Company Management Technique an	Corresponding Medication Protocol: ttempts for this course?	iter Flow	FiO2

Tracheal Intubation	Confirmation [Check Al	_L that apply]				
	>	Grade I Grade I	Grade III	Grade IV		
Glottic Exposure D	uring Intubation [Check	conly ONE]:				
	Associated Events (Che	eck ALL that apply:	LINK it to atte	empt #):		
EVENTS		ATTEMPT#	EVEN		ATTEMPT #	
NONE Cardiac arre	est – patient died		Epista	xis I trauma		
	est – patient died		Lip tra			
Main stem i	ntubation			gospasm		
recognition	intubation, immediate		Maligr	Malignant hyperthermia		
Esophageal recognition	intubation, delayed		Medic	ation error		
Vomit with a	spiration		Pneun	Pneumothorax / pneumonmediastinum		
Vomit but N	o aspiration		Direct			
Hypotensior (fluids/press	n, needs intervention cors)			ythmia (includes Bradycardia<60/min)		
Hypertensio	n, requiring therapy			Pain/Agitation, req'd additional meds <u>AND</u> delay in intubation		
Other (Pleas	se describe):					
Monitoring Of Vital S	Signs (Confirm with tele	metry / monitoring :	ecords):			
Pulse oximetry (%)	. Highest Value immed	diately prior to course er pre-oxygenation)	0/	Lowest value <u>during</u> the course of intubation, even transiently	%	
Course Success:						
	intubation/advanced airw	ay management:				
If course failed, ple	ease explain briefly:					
Disposition:						
Stay in PICU/N	NICU/CICU/ED		Transf	erred to ☐ PICU ☐ NICU	□ CICU	
Died – due to f	ailed airway managemer	t				
Died – other causes			Others (Specify):			
Other Comments (e.	a, the use of higher dos	se of vecuronium. ch	noice of drua	s used) pjease explain:		
Other Comments (e.	g. the use of higher dos	se of vecuronium, ch	noice of drug	s used) please explain:		

(Not part of medical record call x5193 if found)