

ENCOUNTER INFORMATION**Patient Information****Airway Bundle/Pink sheet Completed – front AND back:** _____

Date: _____ Time: _____ Location: _____

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

Form Completed By (please print): _____ Email: _____

Family Member Present?

Attending Physician Present?

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: _____

To: _____

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):

| | | |
|---|---|--|
| <input type="checkbox"/> Cardiac - Surgical | <input type="checkbox"/> Respiratory – Upper Airway | <input type="checkbox"/> Neurological (excluding Traumatic Brain Injury) |
| <input type="checkbox"/> Cardiac - Medical | <input type="checkbox"/> Respiratory – Lower Airway/Pulmonary | <input type="checkbox"/> Trauma (including Traumatic Brain Injury) |
| | <input type="checkbox"/> Sepsis/Shock | <input type="checkbox"/> Others (Specify): _____ |

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/Circle one in each category):

| | |
|--|--|
| 1. Evaluation done before or after this course is completed? | |
| 2. Known prior history of difficult airway? | |
| 3. Any Limited Neck Extension or (Maximal with or without sedation/paralytics) Severe Reduction (e.g. trauma patient with collar) | |
| 4. Widest Mouth Opening – How many <u>Patient's</u> fingers between gum/incisors | |
| 5. Thyromental space – Patient's fingers between chin and thyroid cartilage | |
| 6. Evidence of Upper Airway Obstruction or Anatomical Barrier to visualize glottic opening (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 shunt)?: (Circle ONE only) | |
|---|--|

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): _____

| Airway Management Technique and/or Corresponding Medication Protocol: | | |
|---|--|--|
| 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:

| | |
|---|--|
| 1. Was Oxygen provided DURING any TI attempts for this course? | |
| 2. 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): | | |

(Not part of medical record call x5193 if found)

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

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

Tracheal Intubation Confirmation [Check ALL that apply]

| | | | |
|--------------------------|---|--------------------------|---------------------------------|
| <input type="checkbox"/> | Adequate and equal chest rise | <input type="checkbox"/> | Exhaled CO2 – colorimetric |
| <input type="checkbox"/> | Appropriate breath sounds heard (Auscultation) | <input type="checkbox"/> | Chest X-ray |
| <input type="checkbox"/> | Humidity seen in endotracheal tube | <input type="checkbox"/> | Second independent laryngoscopy |
| <input type="checkbox"/> | Exhaled CO2 – capnography | <input type="checkbox"/> | Others: |

**Glottic Exposure During Intubation [Check only ONE]:****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) | <input type="text"/> % | Lowest value during the course of intubation, even transiently | <input type="text"/> % |
|----------------------------|--|------------------------|--|------------------------|

Course Success:

| | |
|--|--|
| Successful tracheal intubation/advanced airway management: | |
| 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): | |

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

Other Comments (e.g. the use of higher dose of vecuronium, choice of drugs used) please explain:

| |
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| |
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To be completed by study team:

BP: _____

Pupils: _____

Mechanical Ventilation 1st hour: _____ Extubated: _____

FiO₂: _____

PaO₂: _____

Base Excess (art or cap only): _____

HR or LR diagnosis: _____

PICU Admit: (date and time 1st VS) _____

PICU d/c: _____