

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.

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| COURSE INFORMATION | |
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| 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 | | | | | | | | |

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| Difficult to Bag – Mask Ventilate? (Circle ONE only): | |
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Difficult Airway Evaluations (Choose/Circle one in each category):

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| 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: | |

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

Glycopyrrolate Indication: _____

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| Method: Begin NEW course if NEW method / device used (please use new form): |
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| Airway Management Technique and/or Corresponding Medication Protocol: |
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Apneic Oxygenation Use:

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| 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.

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Tracheal Intubation Confirmation [Check ALL that apply]

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Glottic Exposure During Intubation [Check only ONE]:

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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 / pneumonmediastinum | |
| 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):

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|----------------------------|--|------------------------|---|------------------------|
| Pulse oximetry (%): | Highest Value immediately prior to course of intubation (e.g. after pre-oxygenation) | <input type="text"/> % | Lowest value <u>during</u> the course of intubation, even transiently | <input type="text"/> % |
|----------------------------|--|------------------------|---|------------------------|

Course Success:

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| Successful tracheal intubation/advanced airway management: |
| If course failed, please explain briefly: |

Disposition:

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| 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:

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(Not part of medical record call x5193 if found)