

[Please place patient sticker here]

days (age) _____ (intubated) _____ (PICU) _____
Center Unique Identifier: _____ Encounter # _____
PIM2: _____
Course #(s): _____

ENCOUNTER INFORMATION


Airway Bundle/Pink sheet Completed – front AND back: _____

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

Family Member Present?	Attending Physician Present?
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INDICATIONS

Check as many as apply:



From: _____

Nature of Change:

Check as many as apply:

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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								
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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								

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

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

Airway Management Technique and/or Corresponding Medication Protocol:

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.

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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):

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"/> %
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Course Success:

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

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:

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(Not part of medical record call x5193 if found)