

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	
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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: ☐ 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

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"/> %
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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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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: _____