[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/Pink sheet Completed – front AND back**

Date: _____ **Time:** _____ **Location:** _____

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

AT THE TIME OF INTUBATION, did this patient have a suspected or confirmed diagnosis of an emerging epidemic/novel lung disease? *(i.e. COVID-19, SARS, Pandemic Flu, EVALI)* **YES / NO**

Form Completed by (please print): _____ **Pager #:**_____

Family member present? **Yes / No** **Attending physician present?** **Yes / No**

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: ☐ Oral ☐ Nasal ☐ Tracheostomy
To: ☐ Oral ☐ Nasal ☐ Tracheostomy
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):

(Not part of medical record call x5193 if found)

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 (3rd year resident = PL3, 1st 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)** **Yes / No / Not applicable** (bag-mask ventilation not given)

Difficult Airway Evaluations (Choose/Circle one in each category):

1. Evaluation done **before** or **after** this course is completed?	**BEFORE**	**AFTER**
2. Known prior history of difficult airway?	YES	NO
3. Any Limited Neck Extension or (Maximal with or without sedation/paralytics) Severe Reduction (e.g. trauma patient with collar)	YES	NO
4. Widest Mouth Opening – How many *Patient's* fingers between gum/incisors	0 – 2	≥ 3
5. Thyromental space – Patient's fingers between chin and thyroid cartilage	0 - 2	≥ 3
6. Evidence of Upper Airway Obstruction or Anatomical Barrier to visualize glottic opening (Subjective assessment before looking)?	YES	NO
7. Midfacial Hypoplasia?	YES	NO
8. Any other signs of difficult airway exist?	YES	NO
If **YES** Please Explain:		

Known cyanotic heart disease (R to L shunt)? **(Circle ONE only)** **Yes / No**

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

(Not part of medical record call x5193 if found)

	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? YES / NO / ATTEMPTED but not done (explain on last page)
2. If Yes, How was the oxygen provided:

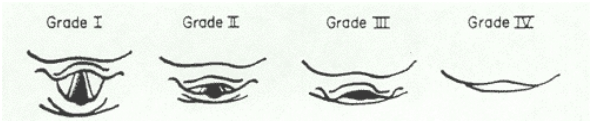
		Liter Flow	FiO2
	NC without nasal airway		
	NC with nasal airway		
	Oral airway with oxygen port		
	Through LMA		
	HFNC		
	NIV with nasal prong interface – provide PEEP/PIP		
	Other (device, FiO2, Setting):		

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

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

Tracheal Intubation Confirmation [Check ALL that apply]

	Adequate and equal chest rise		Exhaled CO2 – colorimetric
	Appropriate breath sounds heard (Auscultation)		Chest X-ray
	Humidity seen in endotracheal tube		Second independent laryngoscopy
	Exhaled CO2 – capnography		Others:



Glottic Exposure During Intubation [Check only ONE]:

	I = Visualized entire vocal cords		IV = Non visualized epiglottis
	II = Visualized part of cords		V = Not Applicable (e.g. blind nasotracheal)
	III = Visualized epiglottis only		

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 AND 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**)	**%**	Lowest value during the course of intubation, even transiently	**%**

(Not part of medical record call x5193 if found)

Course Success:

Successful tracheal intubation/advanced airway management: Yes / No

If course failed, please explain briefly:

☐ Cannot visualize vocal cords ☐ Unstable hemodynamics

☐ Cannot place device into trachea ☐ Other (please explain):

Disposition:

	Stay in PICU/NICU/CICU/ED		Transferred to ☐ PICU ☐ NICU ☐ 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:

To be completed by study team:

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

Pupils: _____ _____

Mechanical Ventilation 1st hour: _____ Extubated: _____

FiO2: _____

PaO2: _____ PICU d/c: _____

Base Excess (art or cap only): _____

HR or LR diagnosis: _____

(Not part of medical record call x5193 if found)