**NEAR4KIDS QI Collection Form**

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| --- | --- | --- | --- | --- | --- |
| **Date:** | {date\_placeholder} | **Time:** | {time\_placeholder} | **Location:** | {location\_placeholder} |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Gender:** | {sex\_placeholder} | **Patient Dosing Weight (kg):** | {weight\_placeholder} |

|  |  |
| --- | --- |
| **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)* | {covid\_placeholder} |

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| --- | --- | --- | --- |
| Form Completed By: | {performed\_by\_placeholder} | Pager Number: | {pager\_placeholder} |

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| --- | --- | --- | --- |
| Family Member Present: | {family\_placeholder} | Attending Physician Present? | {attending\_placeholder} |

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| **INDICATIONS** | | | | | | |
| **INITIAL INTUBATION** | | **CHANGE OF TUBE** | | | | |
| **Check as many as apply:** | | **Type of Change:** | | | | |
| □ Oxygen Failure | | **From:** | | {type\_from} | □ Nasal | □ Tracheostomy |
|  | (e.g. PaO2 <60 mm Hg in FIO2 >0.6 in absence of cyanotic heart disease) | **To:** | | □ Oral | □ Nasal | □ Tracheostomy |
| □ Procedure | | **Nature of Change:** | | | | |
|  | (e.g. IR or MRI) |  | □ Clinical Condition | | | |
| □ Ventilation Failure | |  | □ Immediate Post-Intubation (Exclude Routine Tracheostomy Change) | | | |
|  | (e.g. PaCO2 > 50 mm Hg in the absence of chronic lung disease) | **Check as many as apply:** | | | | |
| □ Frequent Apnea and Bradycardia | | □ Tube too small | | | | |
| □ Upper Airway Obstruction | | □ Tube too big | | | | |
| □ Therapeutic Hyperventilation | | □ Tube changed to cuffed tube | | | | |
|  | (e.g. intracranial hypertension, pulmonary hypertension) | □ Tube changed to uncuffed tube | | | | |
| □ Airway Clearance | | □ Previous tube blocked or defective | | | | |
| □ Neuromuscular Weakness | | □ For more stable airway management | | | | |
|  | (e.g. Max. negative inspiratory pressure >-20 cm H2O; vital capacity <12 – 15 ml/kg) | □ For procedure (e.g. bronchoscopy, etc) | | | | |
| □ Emergency Drug Administration | | □ Others: | | | | |
| □ Unstable Hemodynamics (e.g. shock) | |  | | | | |
|  | □ Ongoing CPR |  | | | | |
| □ Absent Protective Airway Reflexes | |  | | | | |
|  | (e.g. cough, gag) |  | | | | |
| □ Reintubation After Unplanned Extubation | |  | | | | |
| □ Others: | |  | | | | |

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| --- | --- | --- |
| **Diagnostic Category (Check as many as apply):** | | |
| □ Cardiac-Surgical | □ Respiratory – Upper Airway | □ Neurological (excluding Traumatic Brain Injury) |
| □ Cardiac-Medical | □ Respiratory – Lower Airway/Pulmonary | □ Trauma (including Traumatic Brain Injury) |
|  | □ Sepsis/Shock | □ 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**.

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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 (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 |  |  |  |  |  |  |  |  |