

Legend

Dataset Level: **N** National **S** State **D** Deprecated

Usage:  M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes: ■ N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID

eAirway

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|-------|---|---|---|------|---|
| 0 : 1 | eAirway.AirwayGroup | | | | |
| 0 : M | eAirway.01 - Indications for Invasive Airway | S | E | N, L | C |
| 0 : M | eAirway.ConfirmationGroup | | | | C |
| 0 : 1 | eAirway.02 - Date/Time Airway Device Placement Confirmation | S | E | N, L | |
| 0 : 1 | eAirway.03 - Airway Device Being Confirmed | S | E | N, L | |
| 0 : M | eAirway.04 - Airway Device Placement Confirmed Method | S | E | N, L | C |
| 0 : 1 | eAirway.05 - Tube Depth | | O | | |
| 0 : 1 | eAirway.06 - Type of Individual Confirming Airway Device Placement | S | E | N, L | |
| 0 : 1 | eAirway.07 - Crew Member ID | S | E | N, L | |
| 0 : M | eAirway.08 - Airway Complications Encountered | S | E | N, L | C |
| 0 : M | eAirway.09 - Suspected Reasons for Failed Airway Management | S | O | | C |
| 0 : 1 | eAirway.10 - Date/Time Decision to Manage the Patient with an Invasive Airway | | O | | |
| 0 : 1 | eAirway.11 - Date/Time Invasive Airway Placement Attempts Abandoned | | O | | |

eAirway