

Step 1: Intubation

*Date of Service: _____

*Sex: Male/Female

*Estimated Weight (kg): _____

*Age: _____ Years/Months/Days

*Unique Patient Code: _____
(6 digit code= month + day of service + last 2 MRUN #'s)

***MAIN Indication for intubation (check ONE only)**

_____ Med – A/W Obstruct

_____ Med – shock

_____ Med – Acute MI

_____ Med – stroke

_____ Med – altered mental status, NOT Overdose

_____ Special Device

_____ Med – anaphylaxis

_____ Trauma – arrest

_____ Med – asthma

_____ Trauma – burn/inhalation

_____ Med – cardiac arrest

_____ Trauma – combative

_____ Med – CHF

_____ Trauma – face/neck

_____ Med – coma

_____ Trauma – GSW/stab

_____ Med – COPD

_____ Trauma – head injury

_____ Med – GI bleed

_____ Trauma – polytrauma

_____ Med – overdose

_____ Trauma – shock

_____ Med – pneumonia

_____ Other: _____

_____ Med – pulmonary embolism

_____ Med – seizure

*Required

Step 2: Course Intubation – Include for each course

A course includes one method, one or more attempts by one or multiple intubators, and one set of medications.

A. *Method (Check only one. Begin another course if a second method was used.)

- | | |
|--|--|
| <input type="checkbox"/> Nasal – no meds | <input type="checkbox"/> Surgical – Cricothyrotomy |
| <input type="checkbox"/> Nasal – topical or sedation | <input type="checkbox"/> Surgical – Needle |
| <input type="checkbox"/> Oral – RSI (must specify paralytic below) | <input type="checkbox"/> Surgical – Tracheostomy |
| <input type="checkbox"/> Oral – sedations without paralysis | <input type="checkbox"/> Digital Intubation |
| <input type="checkbox"/> Special device (specify in Part B) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Oral – awake, topical or sedation | |
| <input type="checkbox"/> Oral – no meds | |

B. *Device (Check only one. Begin another course if a second device was used.)

- | | |
|---|--|
| <input type="checkbox"/> Fiberoptic-flex | <input type="checkbox"/> I-LMA only |
| <input type="checkbox"/> Fiberoptic-rigid _____ | <input type="checkbox"/> Percutaneous needle |
| <input type="checkbox"/> LMA | <input type="checkbox"/> Percutaneous cric set |
| <input type="checkbox"/> I-LMA with intubation | <input type="checkbox"/> Surgical cric set |
| <input type="checkbox"/> Laryngoscope | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Laryngoscope with Bougie | |
| <input type="checkbox"/> Lighted Stylet | |

C. *Difficulty airway indicators

*1. Neck Extension: Ability of patient to fully extend the neck. (check one)

- Reduced
 Normal
 Unable to Assess. Reason: _____

*2. Mallampati: Ability of operator to visualize patient's posterior oropharyngeal structures on full mouth opening? (check one)

- Full View (I)
 Partial View (II)
 Partial View (III)
 No View (IV)
 Unable to Assess. Reason: _____

*3. Mouth Opening: How many of the patient's fingers would fit between the patient's incisors on full mouth opening? (check one)

- 3 or more fingers between incisors
 2 fingers between incisors
 1 finger between incisors
 no fingers between incisors
 Unable to Assess. Reason: _____

*Required

C. *Difficulty airway indicators, continued...

*4. Thyromental Distance: How many of the patient's fingers would fit between the mentum and laryngeal prominence? (check one)

_____ 4 or more fingers

_____ 3 fingers

_____ 2 fingers

_____ 1 finger

_____ Unable to Assess. Reason: _____

*5. **Obstruction Present?** Yes / No (circle one)

*6. **Facial Trauma/Anatomical Barrier?** Yes / No (circle one)

D. *Attempts at intubation. Choose at least one. (For EACH attempt at intubation, fill out one line, including all requested information)

Number	Attempted by*	Discipline**	Supervised by EM? (Y/N)	Other
1				
2				
3				
4				
5				

* Attempted by Options: Attending, Other, PGY1, PGY2, PGY3, PGY4, PGY5
 **Discipline Options: Anesthesia, Emergency Medicine, Family Practice, Internal Medicine, Other, Pediatric EM, Pediatrics, Surgery

E. *Medications used for intubation (Enter dose for applicable medications.)

Pretreatment Dosage

_____mg Atropine

_____mg Droperidol

_____mg Fentanyl

_____mg Haloperidol

_____mg Lidocaine

_____mg Pancuronium

_____mg Topical Anesthesia

_____mg Vecuronium

Paralysis Dosage

_____mg Pancuronium

_____mg Rocuronium

_____mg Succinylcholine

_____mg Vecuronium

Induction Dosage

_____mg Diazepam

_____mg Etomidate

_____mg Ketamine

_____mg Methohexital

_____mg Midazolam

_____mg Pentothal

_____mg Propofol

OR
 _____ **No Drugs Used**

*Required

F. Course Success

Successful Intubation? Yes / No (circle one)

If failed and no further course attempted, please explain.

G. Intubation events (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> Laryngospasm |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Main stem intubation |
| <input type="checkbox"/> Dental trauma | <input type="checkbox"/> Malignant hyperthermia |
| <input type="checkbox"/> Direct airway injury | <input type="checkbox"/> Medication error |
| <input type="checkbox"/> Dysrhythmia | <input type="checkbox"/> Pneumothorax |
| <input type="checkbox"/> Epistaxis | <input type="checkbox"/> Vomit – no aspiration |
| <input type="checkbox"/> Esophageal intubation, delayed recognition | <input type="checkbox"/> Vomit – aspiration |
| <input type="checkbox"/> Esophageal intubation, immediate recognition | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hypotension-required IV fluid | |

H. Intubation Difficulty (Circle all that apply.)

- | | |
|--|----------|
| Was increased lifting force necessary? | Yes / No |
| Was external laryngeal manipulation (BURP) used? | Yes / No |
| Vocal cords were adducted (closed) | Yes / No |

I. Glottic exposure (Check only one.)

- I = Visualized entire vocal cords
- II = Visualized part of the cords
- III = Visualized epiglottis only
- IV = Nonvisualized epiglottis

J. Disposition (Check only one.)

- ICU
- Died in ED – failed airway
- Died in ED – other cause
- OR
- Extubated in ED
- Transferred
- Other: _____

*Required