

**Additional Courses: Complete ONLY if additional courses were needed for intubation, one for each additional attempt.****Course #** \_\_\_\_\_**Patient Number:** \_\_\_\_\_**A. \*Method (Check only one. Begin another course if additional methods were 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"/> Laryngoscpe 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