

ADVANCED AIRWAY MANEUVER FORM

~Instructions on the Back~

PART I: TO BE COMPLETED BY EACH AND EVERY PARAMEDIC/RN WHO ATTEMPTS AN ADVANCED AIRWAY MANEUVER:

Date: _____ Incident #: _____ Receiving Hospital: _____		
Agency: _____ Base (for field-terminated cases*): _____		
Medic/RN/Intern Name & #: _____		
Patient: <input type="checkbox"/> M <input type="checkbox"/> F Age: _____ Weight: _____ Height: _____	Initial Sa O2: _____ Lowest Sa O2: _____ Highest Sa O2: _____	<u>Indication for Intubation:</u> <input type="checkbox"/> Medical Cardiac Arrest <input type="checkbox"/> Traumatic Arrest <input type="checkbox"/> Respiratory Arrest/Hypoventilation <input type="checkbox"/> Airway Protection <input type="checkbox"/> Airway Injury/Obstruction
<u>1st Attempt Made:</u> Tube Inserted: <input type="checkbox"/> Yes <input type="checkbox"/> No Tube Type: <input type="checkbox"/> ET <input type="checkbox"/> NT Size: _____ Depth: _____ cm Other adjuncts used: _____ <input type="checkbox"/> RSI	<u>2nd Attempt Made:</u> Tube Inserted: <input type="checkbox"/> Yes <input type="checkbox"/> No Tube Type: <input type="checkbox"/> ET <input type="checkbox"/> NT Size: _____ Depth: _____ cm Other adjuncts used: _____ <input type="checkbox"/> RSI	<u>3rd Attempt Made:</u> Tube Inserted: <input type="checkbox"/> Yes <input type="checkbox"/> No Tube Type: <input type="checkbox"/> ET <input type="checkbox"/> NT Size: _____ Depth: _____ cm Other adjuncts used: _____ <input type="checkbox"/> RSI
If ET was not placed, indicate the alternative airway management technique(s) used: <input type="checkbox"/> BVM <input type="checkbox"/> OPA <input type="checkbox"/> Combitube <input type="checkbox"/> NPA <input type="checkbox"/> Needle Crich		
<u>Airway Confirmation Method(s) Used:</u> <input type="checkbox"/> End-Tidal CO2/Wave Form Capnography <input type="checkbox"/> End-Tidal CO2 Detector Device (colorimetric) <input type="checkbox"/> Air Aspiration Esophageal Detector <input type="checkbox"/> Stethoscope-Lung Sounds <input type="checkbox"/> Stethoscope-Epigastric Sounds <input type="checkbox"/> Other: _____		<u>Result(s):</u> Peak Value: Initial: _____ ED Arrival: _____ <input type="checkbox"/> Yellow/Tan <input type="checkbox"/> Purple <input type="checkbox"/> Air Return <input type="checkbox"/> No Air Return <input type="checkbox"/> Equal/Bilat <input type="checkbox"/> R / L Side <input type="checkbox"/> Absent <input type="checkbox"/> No <input type="checkbox"/> Yes
Medic Comments:		

*complete Part II

PART II: TO BE COMPLETED BY BASE HOSPITAL PHYSICIAN OR SECOND PARAMEDIC/RN (For Field-Terminated Patients Only):

<u>ET / NT Placement:</u> <input type="checkbox"/> Trachea <input type="checkbox"/> Mainstem Bronchus <input type="checkbox"/> Esophagus <input type="checkbox"/> Oropharynx	<u>Confirmation By:</u> <input type="checkbox"/> Auscultation <input type="checkbox"/> Direct Visualization <input type="checkbox"/> Pulse Oximetry <input type="checkbox"/> Capnography	<u>Outcome:</u> <input type="checkbox"/> Stabilized <input type="checkbox"/> Deceased/Terminated: <input type="checkbox"/> Field <input type="checkbox"/> ED <input type="checkbox"/> ED Disposition: _____
Physician / Paramedic Comments:		
DO NOT PLACE IN PATIENT CHART!		
Physician / Paramedic Signature: _____		

- Forward completed form to provider agency's EMS Coordinator.
- Do not place this form in patient chart!

ADVANCED AIRWAY MANEUVER FORM

~Instructions~

- To be completed by **each and every Paramedic or RN who attempts** an advanced airway maneuver (ET tube, combitube, nasotracheal tube, or needle cricothyrotomy).
- “Attempt” is an interruption of ventilation with insertion of laryngoscope into mouth, combitube into mouth, or tube through nares.
- Please write confounding reasons for airway attempt failure/difficulties in the comments section. May use the space below for additional comments (if used, please remember to fax back side as well).
- Send completed Advanced Airway Maneuver Form to your agency's EMS Coordinator. Provider EMS Coordinators will then collect Forms and related PCRs, review for completeness and forward to the EMSA each month.
- Do **not** place this form into patient chart!
- Reminder: Follow your provider agency's HIPPA policy when using or distributing this document and the corresponding Patient Care Report.
- "Why do I have to fill out this form?"
The purpose of the Advanced Airway Maneuver Form is to collect specific data about the various types of prehospital advanced airway maneuvers performed in our county. When a sufficient amount of data is collected, the EMS Agency and the Agency's Quality Improvement Committee will evaluate the effectiveness of our county's Airway Management Policy and training procedures. Depending upon the results of the study, the EMS Agency may recommend changes in policy and/or training. This form is used to collect aggregate data and is not used to monitor any individual paramedic's airway performance.

Additional Comments for PART I: PARAMEDIC / RN

DO NOT PLACE IN PATIENT CHART!

Additional Comments for PART II: BASE HOSPITAL PHYSICIAN OR SECOND PARAMEDIC / RN

DO NOT PLACE IN PATIENT CHART!