Airway Management Documentation

Date: ______________  Time of Call: ______________  Incident #: ______________
PPCR #: ____________  Technician: ____________________________________

Chief Complaint / Patient Description / Description of the Scene:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Pulse Rate: ______  Respiratory Rate: ______

Initial Management

Airway opened using: head-tilt / chin-lift  modified jaw thrust  (tech: ____________)
Airway Adjunct used: ___________________  (tech: ____________)
Bag Valve Mask: Rate ______  Breath Sounds: ________________________________  (tech: ____________)
Chest Excursion: ___________________  Oral Suction Necessary?: ________________________________  (tech: ____________)
Time ventilated prior to intubation: _____________  O2 Sat: _____________

Intubation Attempt # 1

ETT (size: ______)  Combi-tube: _____  (tech: ____________)
Vocal cords visualized? ______________________________________________________
Time from last assisted breath to first ventilated breath: ____________________  (tech: ____________)
Breath sounds: ____________________________________  (tech: ____________)
Chest Excursion: ____________________________________  (tech: ____________)
(if applicable) Which lumen of the combi-tube are you ventilating through?  Blue  White
Method of secondary confirmation:  ____ Easy-Cap  ____ EID

Attempt Successful: _____  Attempt Unsuccessful: _____

Complications:
Esophageal Placement  _____  Broken Teeth  _____
Bronchial Placement  _____  Aspiration of Vomitus  _____
Prolonged Attempt (>30sec)  _____  Balloon Deflation  _____
Dislodgement of Tube  _____  Airway Debris  _____
Other ____________________________________________________________

Intubation Attempt # 2

Time ventilated since last attempt: _____________  O2 %: ___________
Endotracheal (size: ______)  Combi-tube: _____  (tech: ____________)
Vocal cords visualized?
Time from last assisted breath to first ventilated breath: ____________________  (tech: ____________)
Breath sounds: ____________________________________  (tech: ____________)
Chest Excursion: ____________________________________  (tech: ____________)
(if applicable) Which lumen of the combi-tube are you ventilating through?  Blue  White
Method of secondary confirmation:  ____ Easy-Cap  ____ EID
Attempt Successful: _____  Attempt Unsuccessful: _____

Complications:
- Esophageal Placement _____
- Bronchial Placement _____
- Prolonged Attempt (>30sec) _____
- Dislodgement of Tube _____
- Other

- Broken Teeth
- Aspiration of Vomitus
- Balloon Deflation
- Airway Debris

Intubation Attempt # 3

Time ventilated since last attempt: __________________
Endotracheal (size: ______)  Combi-tube: _____  (tech: ____________)
Vocal cords visualized?
Time from last assisted breath to first ventilated breath: __________________
Breath sounds: __________________  (tech: ____________)
Chest Excursion: 
(if applicable) Which lumen of the combi-tube are you ventilating through? 
Blue  White
Method of secondary confirmation:

Easy-Cap  EID

Attempt Successful: _____  Attempt Unsuccessful: _____

Complications:
- Esophageal Placement _____
- Bronchial Placement _____
- Prolonged Attempt (>30sec) _____
- Dislodgement of Tube _____
- Other

- Broken Teeth
- Aspiration of Vomitus
- Balloon Deflation
- Airway Debris

After Successful Intubation

Tube secured with: 
- Commercial device
- Tape
- Other

Tube depth at the teeth: __________cm  O2 Sat: __________
Breath Sounds / Chest Excursion: 
Ventilatory Rate: 
Spontaneous respiratory effort by patient? YES (rate________)  NO

Presentation to Emergency Department / Pegasus

Breath Sounds / Chest Excursion: 
Tube depth at teeth: __________cm  O2 % __________  Pulse Rate: __________
Spontaneous Respiratory Effort: 
Comments: 

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Revision Date: May 1st, 2009