

Kitsap County Airway Management Survey

*1. Date and time:

MM DD YYYY HH MM AM/PM
free text box / / :

*2. Incident number:

*3. Please select your agency from the list below

- Olympic
- South Kitsap
- North Kitsap
- Bremerton
- Bainbridge Island
- Poulsbo
- Central Kitsap
- Other (please specify)

*4. EMS provder number

*5. Patient demographics

Age

Gender

Estimated weight

6. Is the patient?

- under 18 years old
- a victim of trauma
- In cardiopulmonary arrest on intubation

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*7. Indication for Invasive airway management

- Adequate airway effort/reflexes but potential for compromise
- Injury or illness involving airway (i.e. burns)
- Compromised ventilatory effort
- Compromised airway reflexes
- Apnea or agonal respirations

Other (please specify)

*8. Was endotracheal intubation attempted?

- Yes
- No

9. Please indicate the presence of any/all features suggesting a difficult airway.

- Mallampati class III/IV
- narrow mouth
- obesity
- limited neck range of motion
- mouth opening less than 3 fingers
- Pathology within the upper airway
- thyroid cartilage-mouth floor less than 2 fingers
- hyoid-chin distance less than 3 fingers
- face/neck pathology

Other (please specify)

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10. If ETI not attempted, what was the method of alternate airway support?

- Cricothyroidotomy
- Supraglottic airway
- CPAP/BiPAP
- Needle Jet Ventilation
- Bag Valve mask (BVM)
- Other (please specify)

11. Patient response to alternate airway management

- successful ventilation
- inadequate oxygenation/ventilation

Other (please specify)

12. If oxygenation/ventilation inadequate, please describe subsequent attempts at airway management

*13. On subsequent intubation attempts, what did you do differently?

- patient repositioning
- bougie
- switch laryngoscope blades
- additional/repeat dose of medication
- use of rescue device

Other (please specify)

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14. If any intubation efforts FAILED, indicate suspected reasons (check all that apply)

- inadequate patient relaxation
- unable to visualize vocal cords
- emesis
- orofacial trauma
- difficult patient anatomy

Other (please specify)

15. If any intubation attempts FAILED, indicate secondary/rescue technique used:

- Bag-Valve Mask (BVM)
- supraglottic device (King or Combitube)
- Needle/Jet ventilation
- Cricothyroidotomy
- glide scope

Other (please specify)

Invasive airway management

*16. Preoxygenation technique

- none
- nasal cannula
- Bag-Valve Mask
- Facemask
- CPAP/BiPAP

Other (please specify)

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*17. How many attempts at ETI were performed?

(for oral route, each insertion of blade is one attempt)

(for nasal route, each pass of tube past nares is one attempt)

- one
- two
- three
- four
- Other (please specify)

*18. Was RSI chosen for intubation?

- yes
- no

19. Vital signs before airway intervention:

Pulse	<input type="text"/>
Blood Pressure	<input type="text"/>
Respiratory Rate	<input type="text"/>
SpO2	<input type="text"/>

20. Vital signs 5 minutes after

pulse	<input type="text"/>
blood pressure	<input type="text"/>
respiratory rate	<input type="text"/>
SpO2	<input type="text"/>

21. Vital Signs 10 minutes after

pulse	<input type="text"/>
blood pressure	<input type="text"/>
respiratory rate	<input type="text"/>
SpO2	<input type="text"/>

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***22. Indicate drugs used to facilitate intubation, including dose in milligrams, route, and time administered. (leave blank if not used).**

lidocaine	<input type="text"/>
midazolam	<input type="text"/>
etomidate	<input type="text"/>
diazepam	<input type="text"/>
fentanyl	<input type="text"/>
atropine	<input type="text"/>
diazepam	<input type="text"/>
morphine	<input type="text"/>
topical spray	<input type="text"/>
succinylcholine	<input type="text"/>
rocuronium	<input type="text"/>
vecuronium	<input type="text"/>
other	<input type="text"/>

***23. Endotracheal tube confirmation:**

	yes	no
colorimetric EtCO2	<input type="checkbox"/>	<input type="checkbox"/>
Auscultation	<input type="checkbox"/>	<input type="checkbox"/>
Continuous in line EtCO2	<input type="checkbox"/>	<input type="checkbox"/>
bulb/syringe aspiration	<input type="checkbox"/>	<input type="checkbox"/>
Visualization of tube	<input type="checkbox"/>	<input type="checkbox"/>

24. Peak EtCO2

***25. Was ETI successful for the overall encounter (on transfer to ED or airlift)?**

- yes
- no

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26. Who determined final placement of ET tube?

- rescuer performing intubation
- another rescuer on the scene
- receiving airlift crew
- receiving hospital team

27. Critical complications encountered during airway management (check all that apply)

- none
- failed intubation effort
- injury/trauma to patient from airway management effort
- medication error
- esophageal intubation
- tube dislodged during transport/transfer
- hypoxia
- hypotension
- dysrhythmia