Flagstaff Medical Center: Airway Management Reporting Form

This form should be completed for any patient encounter where advanced airway management was indicated.
This form should be completed by the last provider attempting or completing advanced airway.

Agency Name: _____ Date: ____/____/____ Run #:_____ Pt. Age: _____

Primary Indication for advanced airway management (Check one):

☐ Apnea or agonal respirations ☐ Airway reflex compromised ☐ Airway obstruction ☐ Ventilatory effort compromised
☐ Injury/Illness involving airway ☐ Other: _____

If indicated, but not attempted, why not?

☐ Inadequate Pt. relaxation
☐ Short transport time (<15 min)
☐ Inadequate number of personnel available
☐ Other: _____

Patient Subsets (Select Yes/No)

Patient in cardiopulmonary arrest on intubation	☐Yes	☐ No
Patient is a classified as Critical Trauma	☐Yes	☐ No
Patient is under 18 years old	☐Yes	☐ No

Was ET intubation ultimately successful?

☐Yes ☐ No

Pt GCS at time of intubation attempt(s)

GCS: _____

Definition of an "**Attempt**": For oral route, each insertion of the blade is one attempt. For nasal route, each pass of the tube past nares is one attempt
Definition of "**Placement**": For all methods, passage of a tube is considered a "placement".
Total # attempts includes total attempts by all FMC Prehospital Care agencies involved.

Provide information for each invasive attempt.

Total # of attempts for each method	Attempt(s) ultimately successful?	Confirmation device used for each placement?
_____# OTI attempts	☐Yes ☐ No	☐Yes ☐ No
_____# NTI attempts	☐Yes ☐ No	☐Yes ☐ No
_____# Combitube attempts	☐Yes ☐ No	☐Yes ☐ No
_____# King Airway attempts	☐ Yes ☐ No	☐ Yes ☐ No
_____# Surg/Need Cric attempts	☐Yes ☐ No	☐Yes ☐ No

Critical Complications encountered during airway management (check all that apply)

☐ Failed intubation effort
☐ Injury/trauma to patient from attempt(s)
☐ Esophageal intubation- delayed detection (after primary confirmation)
☐ Esophageal intubation detected in ED
☐ Tube dislodged during transport/patient care
☐ Emesis
☐ Cardiac arrest during placement of advanced airway device
☐ Right main stem intubation- unrecognized in the field
☐ O2 desaturation
☐ Other: _____

If all intubation attempts FAILED, indicate suspected reasons for failed attempts (check all that apply)

☐ Inadequate pt relaxation
☐ Inadequate visualization of airway structures
☐ Orofacial trauma
☐ Secretions/blood/vomit
☐ Inadequate access to pt.
☐ ETI attempted but arrived at ED before accomplished
☐ In line c-spine stabilization
☐ Equipment failure
☐ Other: _____

Airway Management times:

Total Scene Time for this call: _____ minutes
Was there a delay in total scene time due to intubation attempts? ☐Yes ☐ No Comments: _____

Please rate your perception of the ease or difficulty of the intubation on the following scale:

☐Very easy ☐Somewhat easy ☐Somewhat difficult ☐Very difficult

Please provide any additional information that you feel is pertinent to this case. Use the back of page if necessary.

Comments:
_____
_____
_____
_____

Attach copy of First Care form with this report. Please complete and send to PHC within 24 hours of event. Thank you for your cooperation in improving pre-hospital patient care and outcomes in Northern Arizona. This form may be faxed to: 928-773-2461.

Entered by: ____
QA/QI #: _____

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