# 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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