

Advanced Airway Evaluation

PCR #: _____ Service: _____
Date of Evaluation: _____ Evaluator Name: _____
Dispatch Date: _____ Dispatch Time: _____

Instructions: Please evaluate the PCR in which any advanced airway device/procedure was used against the questions below. Check the appropriate answer. After completion, forward a copy of this form to:

Chester County Department of Emergency Services
601 Westtown Road, Suite 012
West Chester, PA 19380
Attention: Harry Moore

Forms may be submitted monthly, quarterly, or at the bi-monthly MAC meetings.

General

1. Was there sufficient documentation indicating a need for intubation?
 Yes No Unknown N/A
2. If *yes*, was intubation performed?
 Yes No Unknown N/A
3. If *yes*, was intubation successful on first attempt?
 Yes No Unknown N/A
4. If *no*, was intubation successful within three (3) attempts?
 Yes No Unknown N/A
5. If *no*, how was the airway secured? _____
6. Was the method used to secure the tube documented?
 Yes No Unknown N/A
7. Was the tube position checked and documented after each patient movement?
 Yes No Unknown N/A
8. Was the tube depth at the teeth documented?
 Yes No Unknown N/A

Attempt #1

9. What was the provider level making this attempt?

- Paramedic PHRN/HP MD Other _____

10. What was the method of attempt?

- Oral Nasal Existing Trach

11. Was there facilitation used during this attempt?

- No Meds Sedation RSI

12. Was there a rescue method used?

- Combitube Trach Digital Other _____

13. What was the **primary** means of confirmation? (*check one*)

- Visualized through cords Tube fog Chest Rise Auscultation of Lungs-Stomach
 End-tidal CO Color End-tidal CO digital-wave Pulse ox Esoph Detector Bulb
 Esoph Detector Syringe MD confirm with direct visualization

14. What was the **secondary** means of confirmation? (*check one*)

- Visualized through cords Tube fog Chest Rise Auscultation of Lungs-Stomach
 End-tidal CO Color End-tidal CO digital-wave Pulse ox Esoph Detector Bulb
 Esoph Detector Syringe MD confirm with direct visualization

15. If documented, what was the **third** means of confirmation?

- Visualized through cords Tube fog Chest Rise Auscultation of Lungs-Stomach
 End-tidal CO Color End-tidal CO digital-wave Pulse ox Esoph Detector Bulb
 Esoph Detector Syringe MD confirm with direct visualization

16. Was this attempt successful?

- Yes No Unknown N/A

Attempt #2

17. What was the provider level making this attempt?

- Paramedic PHRN/HP MD Other _____

18. What was the method of attempt?

- Oral Nasal Existing Trach

19. Was there facilitation used during this attempt?

- No Meds Sedation RSI

20. Was there a rescue method used?

- Combitube Trach Digital Other _____

21. What was the **primary** means of confirmation? (*check one*)

- Visualized through cords Tube fog Chest Rise Auscultation of Lungs-Stomach
 End-tidal CO Color End-tidal CO digital-wave Pulse ox Esoph Detector Bulb
 Esoph Detector Syringe MD confirm with direct visualization

22. What was the **secondary** means of confirmation? (*check one*)

- Visualized through cords Tube fog Chest Rise Auscultation of Lungs-Stomach
 End-tidal CO Color End-tidal CO digital-wave Pulse ox Esoph Detector Bulb
 Esoph Detector Syringe MD confirm with direct visualization

23. If documented, what was the **third** means of confirmation?

- Visualized through cords Tube fog Chest Rise Auscultation of Lungs-Stomach
 End-tidal CO Color End-tidal CO digital-wave Pulse ox Esoph Detector Bulb
 Esoph Detector Syringe MD confirm with direct visualization

24. Was this attempt successful?

- Yes No Unknown N/A

Attempt #3

25. What was the provider level making this attempt?

- Paramedic PHRN/HP MD Other _____

26. What was the method of attempt?

- Oral Nasal Existing Trach

27. Was there facilitation used during this attempt?

- No Meds Sedation RSI

28. Was there a rescue method used?

- Combitube Trach Digital Other _____

29. What was the **primary** means of confirmation? (*check one*)

- Visualized through cords Tube fog Chest Rise Auscultation of Lungs-Stomach
 End-tidal CO Color End-tidal CO digital-wave Pulse ox Esoph Detector Bulb
 Esoph Detector Syringe MD confirm with direct visualization

30. What was the **secondary** means of confirmation? (*check one*)

- Visualized through cords Tube fog Chest Rise Auscultation of Lungs-Stomach
 End-tidal CO Color End-tidal CO digital-wave Pulse ox Esoph Detector Bulb
 Esoph Detector Syringe MD confirm with direct visualization

31. If documented, what was the **third** means of confirmation?

- Visualized through cords Tube fog Chest Rise Auscultation of Lungs-Stomach
 End-tidal CO Color End-tidal CO digital-wave Pulse ox Esoph Detector Bulb
 Esoph Detector Syringe MD confirm with direct visualization

32. Was this attempt successful?

- Yes No Unknown N/A

Capnographer

33. Was the digital/wave-form capnographer used?

- Yes No Unknown N/A

34. Was the initial capnographer reading documented?

- Yes No Unknown N/A

35. Were additional capnographer readings documented?

- Yes No Unknown N/A

36. Was the capnographer wave description documented?

- Yes No Unknown N/A

Comments