



DO NOT SCAN! (Not for Patient Chart)



INTUBATION DATA COLLECTION FORM

Please answer ALL of the following questions for successful and unsuccessful invasive airway attempts.

1. Date of call: _____/_____/_____
2. Time of call: _____
3. Trauma Medical
4. Age of Patient: _____ years
5. Sex: Male Female
6. Reason for intubation: GCS < 9 Respiratory distress Cardiac Arrest Other: _____
7. Method: Orotracheal Nasotracheal
8. Number of times blade inserted: 1 2 3 > 3
9. Number of times attempted to pass ETT: 1 2 3 > 3
10. Intubation successful: Yes No
11. If No, Why? Inadequate relaxation Blood/vomit/secretions in airway Cords not visualized
 Esophageal intubation Other / explanation: _____
12. Adjunct/rescue method used: BVM OPA/NPA Combitube/ King LT Cricothyrodomy
13. Continuous capnography:
 - a. Good wave form Yes No (ATTACH CAPNOGRAPHY TRACING TO FORM)
 - b. ETCO2 reading post intubation: _____mm/Hg
14. Pulse Oximetry pre-intubation: _____% Pulse Oximetry post-intubation: _____%
15. Complications: Emesis/aspiration Bleeding/trauma Hypoxia (<90%)
 Bradycardia (pulse < 60 or ↓ by > 20 bpm) Hypotension (systolic BP < 100 or ↓SBP> 20 mm Hg)
 Other: _____
16. Verification of ET placement by MD/PA (circle one): Good placement Tube misplaced
Patient not transported or care not transferred (explain): _____
17. Name of verifying MD/PA (printed): _____ Signature of verifying MD/PA: _____
18. Name of destination hospital: YNHH Yale Pediatrics HSR Yale SMC Other _____
19. EMS Service Name: _____
20. Name of EMS Provider (Print): _____ State License #: _____

PLEASE WRITE ADDITIONAL COMMENTS ON THE BACK OF THIS FORM!

PLEASE PLACE THIS FORM WITH A COPY OF THE PCR IN THE LOCKED BOX AT THE DESTINATION HOSPITAL OR RETURN TO YOUR EMS COORDINATOR.

This material is confidential and is utilized as defined in Connecticut State Statute 19-17b Section (4) for evaluating and improving the quality and health care rendered.