

SJEMSA AIRWAY DETAIL REPORT FORM

This form and a copy of the PCR must be attached and submitted to the ALS Provider's QI liaison within 24 hours of use. Please refer to the instructions on the back.

Date: _____ Patient Care Record Number: _____

BLS Airway Management

<p>BLS Airway Type (check all that apply)</p> <p><input type="checkbox"/> OPA <input type="checkbox"/> NPA <input type="checkbox"/> BVM</p> <p>Name of Individual (& Agency) that performed procedure: _____</p>	<p style="text-align: center;">SpO2 Values (Goal is to obtain values prior to BLS Airway, 3-5 min after BLS Airway insertion, and upon arrival at hospital)</p> <p>Time _____ Value _____ Name _____</p> <p>Time _____ Value _____ Name _____</p> <p>Time _____ Value _____ Name _____</p>	<p>CO2 Monitored? (if BLS Airway) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Value Upon Arrival at Hospital: _____ mmHg</p>
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ALS Airway Management

OTI Attempt	Was attempt successful?	ETTI Used?	ELM Used?	SpO2 Values (Goal is to obtain values prior to ALS Airway attempt, 3-5 min after ALS Airway insertion, and upon arrival at hospital)	CO2 Monitored? (any ALS Airway)
# 1 Attempted by _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Time _____ Value _____ Name _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
# 2 Attempted by _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Time _____ Value _____ Name _____	Value Upon Arrival at Hospital: _____ mmHg

Tube Reassessment: Was tube placement reassessed each time patient was moved (e.g. from floor to gurney, etc)? YES NO

King Attempt	Was attempt successful?	Name of Paramedic or Intern who Attempted Procedure	SpO2 Values (Goal is to obtain values prior to ALS Airway attempt, 3-5 min after ALS Airway insertion, and upon arrival at hospital)
# 1	<input type="checkbox"/> Y <input type="checkbox"/> N		Time _____ Value _____ Name _____
# 2	<input type="checkbox"/> Y <input type="checkbox"/> N		Time _____ Value _____ Name _____
NTI Attempt			
# 1	<input type="checkbox"/> Y <input type="checkbox"/> N		Time _____ Value _____ Name _____
# 2	<input type="checkbox"/> Y <input type="checkbox"/> N		Time _____ Value _____ Name _____

Grade Assessment of Airway for ETI/OTI Attempt using the Cormack-Lehane Scale:

Circle Grade for Laryngoscopy Difficulty

Grade I	Most of glottis is seen	Grade II	Only posterior portion of glottis can be seen	Grade III	Only epiglottis may be seen (none of glottis seen)	Grade IV	Neither epiglottis nor glottis can be seen
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Indicate reasons why Cormack-Lehane Scale Score was a III or IV (after using accepted methods to visualize airway). Please be as descriptive as possible and check all that apply:

Inadequate patient relaxation Difficult anatomy Orofacial trauma Secretions, blood, and/or vomit Other (explain below)

Critical complications or other details pertaining to airway management challenges (e.g. include whether medical or trauma etc):

Tube Confirmation:

Auscultation End Tidal CO2 Waveform CO2 BAAM EDD

Name of staff that confirmed placement: _____

Instructions

General Instructions:

Complete this form and attach it to a copy of your agency's PCR any time you attempt an ALS airway. However, if you provide only a BLS airway and you are an ALS First Responder, please provide the necessary information to the transporting ALS Provider but **do not** complete this form. If you are a transporting ALS Provider, you must complete the appropriate sections of the form anytime you provide either a BLS or ALS airway or maintain either type of airway.

BLS Airway Management Section

- BLS Airway Type (Check all that apply) - *may include more than one box checked*
- Name of Individual & Agency – *Provide first initial and last name of the individual that attempted procedure. Also include the initial for agency (e.g. SFD, AMR).*
- SPO2 Values - *Not required, but if available a very important way to demonstrate the effectiveness or ineffectiveness of the BLS airway. Indicate Time, Value, and Name of person that took the reading*
- CO2 Monitored? (if BLS Airway) – *If the patient is kept on a BLS airway or arrives at the hospital with a BLS airway, every effort should be made to obtain and record this value. If the answer is "no" indicate the reason in CO2 value line (e.g. no equipment)*

ALS Airway Management Section

- OTI Attempt (Oral Tracheal Intubation) – *Provide first initial and last name of the individual that attempted procedure.*
- Was the attempt successful? – *Use the following as the definition of an "attempt:" "An attempt to complete an OTI is the insertion of the laryngoscope into the mouth with the intent to intubate, insertion of the tube into the nares, or insertion of the EDTLA into the mouth."*
- ETTI Used? – *Endotracheal Tube Introducer. Policy requires the use of an ETTI on every attempt. (AKA "Bougie")*
- ELM Used? – *Endotracheal Laryngeal Manipulation. Sometimes also referred to as "OELM" (Optimal Endotracheal Laryngeal Manipulation) and previously as "BML" (Bi-Manual Laryngoscopy).*
- SPO2 Values - *Indicate Time, Value, and Name of person that took the reading.*
- CO2 Monitored (Any ALS Airway) – *Indicate this value regardless of what type of ALS airway is used (OTI, EDTLA, NTI).*

Tube Reassessment

- This is a reminder to reassess the airway whenever a patient's body must be moved or significantly adjusted. Check as appropriate.

King Attempt & NTI Attempt

- Follow same directions as for the ALS Airway Management Section as appropriate.

Grade Assessment for Airway

- Self explanatory. Circle grade as appropriate.
- If cords are not visible for any reason, please explain the reason
- If there are critical complications (beyond anatomic abnormalities or airway secretions that affect your ability to provide an advanced airway, explain in this section.

Tube Confirmation

- Indicate method of confirmation and provide name of E.D. staff that confirmed placement.