**ADVANCED AIRWAY MANEUVER FORM Version 3.0**
**~Instructions on the Back~**
**PART I: TO BE COMPLETED BY EACH PARAMEDIC/RN WHO ATTEMPTS AN ADVANCED AIRWAY MANEUVER:**

Date: _____ Incident #: _____ Receiving Hospital: _____

Medic/RN/Intern #:_____ Time since last ET:_____ Years as Paramedic: _____

Agency:_____ Base Hospital(for field-termination): _____

Patient: ☐ M ☐ F
Age: _____
Weight: _____
Height: _____

O2 Saturation /CO2
Initial: ____/____
Lowest: ____/____
Highest: ____/____
Not registering: ____/____

Indication for Intubation:
☐ Medical Cardiac Arrest
☐ Traumatic Arrest
☐ Respiratory Arrest/Hypoventilation
☐ Airway Protection
☐ Airway Injury/Obstruction

| 1st Attempt Made | 2nd Attempt Made | 3rd Attempt Made |
|---|---|---|
| Tube Inserted: ☐ Yes ☐ No | Tube Inserted: ☐ Yes ☐ No | Tube Inserted: ☐ Yes ☐ No |
| Tube Type: ☐ ET | Tube Type: ☐ ET | Tube Type: ☐ ET |
| Size:_____ Depth:_____cm | Size:_____ Depth:_____cm | Size:_____ Depth:_____cm |
| **Pt. Location**: Floor ☐ Gurney ☐ Other: _____ | **Pt. Location**: Floor ☐ Gurney ☐ Other: _____ | **Pt. Location**: Floor ☐ Gurney ☐ Other: _____ |
| Blade: Mac ☐ Miller ☐ G.View ☐ | Blade: Mac ☐ Miller ☐ G.View ☐ | Blade: Mac ☐ Miller ☐ G.View ☐ |
| Adjuncts: Bougie ☐ Video Assist ☐ | Adjuncts: Bougie ☐ Video Assist ☐ | Adjuncts: Bougie ☐ Video Assist ☐ |
| Suction ☐ RSI ☐ Cric. Press. ☐ | Suction ☐ RSI ☐ Cric. Press. ☐ | Suction ☐ RSI ☐ Cric. Press. ☐ |
| Other _____ | Other _____ | Other _____ |

**If ET was not placed,** indicate alternative airway management technique(s) used & complete comments section below:
☐ BVM ☐ OPA ☐ NPA ☐ High Flow O2 ☐ Needle Crich

Airway Confirmation Method(s) Used:
☐ End-Tidal CO2/Wave Form Capnography
☐ End-Tidal CO2 Detector Device (colorimetric)
☐ Air Aspiration Esophageal Detector
☐ Stethoscope-Lung Sounds
☐ Stethoscope-Epigastric Sounds
☐ Other: _____

Result(s):
☐ Peak Value: Initial:_____ ED Arrival:_____
☐ Yellow/Tan ☐ Purple
☐ Air Return ☐ No Air Return
☐ Equal/Bilat ☐ R / L Side ☐ Absent
☐ No ☐ Yes
_____

Medic Comments: (Explanation of confounding factors)

PART II: TO BE COMPLETED BY BASE HOSPITAL PHYSICIAN OR SECOND PARAMEDIC/RN (For Field-Terminated Patients Only): *complete Part II

ET Placement:
☐ Trachea
☐ Mainstem Bronchus
☐ Esophagus
☐ Oropharynx

Confirmation By:
☐ Auscultation
☐ Direct Visualization
☐ Pulse Oximetry
☐ Capnography

Outcome:
☐ Stabilized
☐ Deceased/Terminated:
☐ Field ☐ ED
☐ ED Disposition: _____

Physician / Paramedic Comments:

**DO NOT PLACE IN PATIENT CHART!**

Physician / Paramedic Signature: _____

## ADVANCED AIRWAY MANEUVER FORM

~Instructions~

- To be completed by **every Paramedic or RN who attempts** an advanced airway maneuver (ET tube or needle cricothyrotomy). Clearly note certification #. One form per Medic/RN.
- Record time interval since last intubation (months, weeks, etc) and record number of years certified as a paramedic.
- **"Attempt"** is an interruption of ventilation with insertion of endotracheal tube into the mouth. **Make a note in comment section when oral visualization made and suction required prior to attempt.**
- Record patient location when attempt is made –floor, gurney, back of pick-up. Etc
- NEW: Indicate blade type used (**added Grandview**) and adjuncts used (**(added Bougie and King Vision or other video assist device),** stylet, suction. RSI, cricoid pressure, etc), REMOVED NT and references to it.
- Note method of placement verification. Use ETCO2 when available.
- Write confounding reasons for airway attempt failure/difficulties in the comments section. May use the space below for additional comments (if used, please remember to fax back side as well).
- Have the ED physician verify and sign for placement on all patients arriving at ED
- Disposition to be provided from Base Station Liaison to EMSA for patients admitted to hospital
- Send completed Advanced Airway Maneuver Form to your agency's EMS Coordinator. Provider EMS Coordinators will then collect Forms and related PCRs, review for completeness and forward to the EMSA each month.
- **Do not** place this form into patient chart!
- Reminder: Follow your provider agency's HIPAA policy when using or distributing this document and the corresponding Patient Care Report.
- "Why do I have to fill out this form?" Data collected from the previous study demonstrated that monitoring of performance is still necessary. The information will be used to determine if the enhanced training and performance requirements improve success rates and influence patient outcome.
- This form should also be used with training or elective intubation procedures (other than manikins)

**Additional Comments for PART I: PARAMEDIC / RN**

DO NOT PLACE IN PATIENT CHART!

**Additional Comments for PART II: BASE HOSPITAL PHYSICIAN OR SECOND PARAMEDIC / RN**

DO NOT PLACE IN PATIENT CHART!