

**Verde Valley 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 #: \_\_\_\_\_

**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: \_\_\_\_\_

**Patient Subsets (Select Yes/No)**

- Patient in cardiopulmonary arrest on intubation     Yes     No  
 Patient is classified as Critical Trauma                 Yes     No  
 Patient is under 18 years old                                 Yes     No

- Was Prehospital Intubation successful?     Yes     No  
 IF No; Intubation by  ED     Flight Crew     Other (Specify)  
 \_\_\_\_\_

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 Prehospital Care providers involved.

Provide information for each invasive attempt.

Intubation Method	Provider Performing Intubation	Number of attempts	Successful? Y/N	
			Yes	No
OTI; NTI; COMBITUBE; KING; Surg/Needle cric IF BLS MANAGEMENT ONLY- NPA; OPA				

**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 **ANY** intubation attempts **FAILED**, indicate suspected reasons for **EVERY** failed attempt(s) (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: \_\_\_\_\_

Please provide any additional information that you feel is pertinent to this case. Use the back of page if necessary.

Comments:

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**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 the Verde Valley.**