

# Drug Assisted Intubation QA Form

Date: \_\_\_\_\_

EMS Run Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Paramedic # \_\_\_\_\_

### Review Indications for DAI (Before Intubation)

GCS: \_\_\_\_\_

Capnography: \_\_\_\_\_

Respiratory Rate: \_\_\_\_\_

SpO2: \_\_\_\_\_

Heart Rate: \_\_\_\_\_

B/P: \_\_\_\_\_/\_\_\_\_\_

### Post Intubation

Capnography: \_\_\_\_\_

Assisted Ventilatory Rate: \_\_\_\_\_

SpO2: \_\_\_\_\_

Heart Rate: \_\_\_\_\_

B/P: \_\_\_\_\_/\_\_\_\_\_

Number of Attempts: \_\_\_\_\_

Successful: Yes    No

Tube Depth: \_\_\_\_\_

Tube Size: \_\_\_\_\_

### To be filled out by paramedic performing DAI Physical Finding or Justification for Need:

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Estimated Patient Weight in KG: \_\_\_\_\_

Patient Transported to: \_\_\_\_\_

Via: \_\_\_\_\_

If there were any complications contact Medical Director immediately. Regardless of outcome, attach a copy of Run Report and DAI QA form and fax to Medical Director or the Training Coordinator on return to EMS station. Form with Run Report needs to be handed in within 72 hours.

Dosage of Drugs Used		
Drug	Dosage	Time
Etomidate		
Succinylcholine		
Rocuronium		
Versed		
Fentanyl		
Ketamine		

Paramedic Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**DAI Data Collection Form**

1	Date of run: (Month / Day / Year)	MM / DD / YYYY	
2	EMS Run number:	NNNNNNN	
3	Name of Ambulance Service:		
4	Name of second ALS provider on scene:	NNNN	
5	Patient Demographics:		
	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Age (must be at least 8 years of age or older)		Years
	Estimated patient weight		kilograms
6	Vital Signs	Pre-Intubation	Post Intubation
	Blood Pressure		
	Pulse		
	Heart rate/EKG interpretation		
	Respiratory Rate		
	GCS		
7	Indications for Invasive Airway Management:		
	<input type="checkbox"/> Presence of apnea	<input type="checkbox"/> Inability to ventilate by BVM	<input type="checkbox"/> Inadequate oxygenation
	<input type="checkbox"/> GCS<8	<input type="checkbox"/> Inhalational burns	<input type="checkbox"/> Multi-systems trauma
	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Need to protect airway from aspiration	<input type="checkbox"/> Impending/potential airway compromise?
			<input type="checkbox"/> Refractory Anaphylaxis
			<input type="checkbox"/> Laryngeal Trauma
			<input type="checkbox"/> Inability to maintain oxygenation by mask
8	Type of Airway Procedure:		
	<input type="checkbox"/> Rapid Sequence Intubation	<input type="checkbox"/> Difficult Airway	<input type="checkbox"/> Surgical Airway
9	Monitoring and Treatment used concurrently with intubation		
	<input type="checkbox"/> ECG monitor	<input type="checkbox"/> Pulse oximetry	<input type="checkbox"/> End Tidal CO2 monitor
			<input type="checkbox"/> Intraosseus needle
10	Procedure Questions		
	<input type="checkbox"/> Preoxygenation with 100% O2	<input type="checkbox"/> Suction ready?	<input type="checkbox"/> Drug dosages calculated?
	<input type="checkbox"/> ET cuff checked?	<input type="checkbox"/> Light source checked?	<input type="checkbox"/> Stylet used?
			<input type="checkbox"/> Rescue airway device available?
11	Type and Size of blade used?		
	<input type="checkbox"/> MacIntosh	<input type="checkbox"/> Miller	<input type="checkbox"/> Other
			Blade size=
12	Drugs used:		
	<input type="checkbox"/> Etomidate( ____ mg)	<input type="checkbox"/> Lidocaine ( ____ mg)	<input type="checkbox"/> Succinylcholine ( ____ mg)
	<input type="checkbox"/> Fentanyl ( ____ mcg)	<input type="checkbox"/> Morphine ( ____ mg)	<input type="checkbox"/> Valium ( ____ mg)
	<input type="checkbox"/> Ketamine ( ____ mg)	<input type="checkbox"/> Rocuronium( ____ mg)	<input type="checkbox"/> Versed ( ____ mg)
13	Rationale for not using Succinylcholine:		
	<input type="checkbox"/> Allergy to Succinylcholine?	<input type="checkbox"/> Hyperkalemia?	<input type="checkbox"/> Malignant Hyperthermia?
14	Classification of airway (Class 1, 2, 3, 4)	Class=	
15	Number of attempts for successful intubation? (1,2,3,4,5)	Attempts=	
16	Length of time from first attempt to intubation (seconds)	Seconds=	
17	Nasal cannula 15 liters applied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18	Manual In-Line Spine stabilization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19	BVM between attempts effective?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20	Oxygen saturation between attempts > 90%?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	Time of intubation (military time)		
22	Intubation performed by: EMT-P		
23	Certification Number?		
24	SDBREATHE		
	Size of tube?	Size=	
	Depth of insertion at the lip	Cm=	
	Tube confirmation methods:		
	<input type="checkbox"/> Bilateral breath sounds?	<input type="checkbox"/> Rise/fall of chest wall	<input type="checkbox"/> End Tidal CO2 detector
	<input type="checkbox"/> Tube misting	<input type="checkbox"/> Hospital verification	<input type="checkbox"/> Esophageal Detector
	<input type="checkbox"/> Saw tube pass through cords	<input type="checkbox"/> Patient clinically improved?	<input type="checkbox"/> Pulse ox improvement?
25	MD confirmed tube placement at receiving facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26	Name of person confirming successful intubation?		
27	Tube secured with device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28	Neck stabilization device utilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29	NG/OG tube inserted		
	<input type="checkbox"/> NG tube inserted?	<input type="checkbox"/> OG tube inserted	Size of NG or OG tube?
			Tube size=
30	Unsuccessful Attempts performed by: APP		
31	Rescue airway device placed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

