Drug Assisted Intubation QA Form

| Date: | EMS Run Number: | | | |
|--|---|---|------------|-----|
| Agency: | | Paramedic # _ | | |
| | Review Indications DAI (Before Intubat | | | |
| GCS: | Capnography: | Respiratory Rate | | |
| Sp02: | Heart Rate: | B/P:/ | | |
| | Post Intubation | | | |
| Capnography: | Assisted Ventilatory Rate: | | | |
| Sp02: | Heart Rate: | B/P:/ | | - |
| | | Tuba Danthi | | |
| Number of Attempts: To be filled out by param Physical Finding or Justi | edic performing DAI | Tube Deptil | | - |
| To be filled out by param Physical Finding or Justi | edic performing DAI | Tube Size: | | |
| To be filled out by param Physical Finding or Justi | edic performing DAI fication for Need: | Tube Size: Dosage o | f Drugs Us | sed |
| Fo be filled out by param Physical Finding or Justin Estimated Patient Weigh | edic performing DAI fication for Need: | Tube Size: | | |
| Fo be filled out by parame Physical Finding or Justine Estimated Patient Weigh Patient Transported to: _ | edic performing DAI fication for Need: t in KG: | Dosage o | f Drugs Us | sed |
| Fo be filled out by parame Physical Finding or Justine Estimated Patient Weight Patient Transported to: | edic performing DAI fication for Need: t in KG: | Dosage o Drug Etomidate | f Drugs Us | sed |
| Fo be filled out by parameter Physical Finding or Justing Physical Finding or Justing Physical Finding or Justing Patient Transported to: | tions contact Medical Director of outcome, attach a copy of Run | Dosage o Drug Etomidate Succinylcholine | f Drugs Us | sed |
| To be filled out by param Physical Finding or Justin Estimated Patient Weigh Patient Transported to: Via: If there were any complication immediately. Regardless of Report and DAI QA form a | tions contact Medical Director of outcome, attach a copy of Run and fax to Medical Director or the turn to EMS station. Form with | Dosage o Drug Etomidate Succinylcholine Rocuronium | f Drugs Us | sed |

DAI Data Collection Form

| 1 | Date of run: (Month / Day / Year) | | | | MM / DD / YYYY | | | |
|----|---------------------------------------|---------------------------------|----------------------------------|--|---------------------|----------|-----------|--|
| 2 | EMS Run number: | | | NNNNN | | | | |
| 3 | Name of Ambulance Service: | | | | | | | |
| 4 | Name of second ALS provider on scene: | | | NNNN | | | | |
| 5 | Patient Demographics: | | | | | | | |
| | Sex | | | |] Male | |] Female | |
| | Age (must be at least 8 ye | ars of age or older) | | | | Y | ears | |
| | Estimated patient weight | , | | | | ki | lograms | |
| 6 | Vital Signs | | Pre-Intubation | Po | ost Intubation | I | 8 | |
| | Blood Pressure | | | ĦŤ | | | | |
| | Pulse | | | | | | | |
| | Heart rate/EKG interpreta | tion | | | | | | |
| | Respiratory Rate | uon | | - | | | | |
| | GCS | | | - | | | | |
| 7 | | | | <u> </u> | | | | |
| 7 | Indications for Invasive Airway Ma | | | _ | 1 D-£ 4 | | L1:- | |
| | Presence of apnea | ☐ Inability to ventilate by BVM | ☐ Inadequate oxygenation | | Refractory A | | | |
| | GCS<8 | ☐ Inhalational burns | Multi-systems trauma | | Laryngeal Tr | | | |
| | ☐ Head Injury | ☐ Need to protect airway from | ☐ Impending/potential airway | | Inability to n | | | |
| 0 | The Carlotte Day 1 | aspiration | compromise? | OX | xygenation by r | nası | <u> </u> | |
| 8 | Type of Airway Procedure: | | Па : 1 A: | | | | | |
| | Rapid Sequence Intubation | Difficult Airway | ☐Surgical Airway | | | | | |
| 9 | Monitoring and Treatment used con | - | | _ | 1 - | | | |
| | ☐ ECG monitor | ☐ Pulse oximetry | ☐ End Tidal CO2 monitor | | Intraosseus n | eed | le | |
| 10 | Procedure Questions | <u> </u> | | _ | | | | |
| | Preoxgenation with 100% O2 | ☐ Suction ready? | ☐ Drug dosages calculated? | | Stylet used? | | | |
| | ☐ ET cuff checked? | ☐ Light source checked? | ☐ Rescue airway device available | ? | | | | |
| 11 | Type and Size of blade used? | | | | | | | |
| | ☐ MacIntosh | ☐ Miller | Other | Bl | lade size= | | | |
| 12 | Drugs used: | | | | | | | |
| | ☐ Etomidate(mg) | Lidocaine (mg) | ☐ Succinylcholine (mg) | | Other | | mg) | |
| | Fentanyl (mcg) | ☐ Morphine (mg) | ☐ Valium (mg) | | | | | |
| | ☐ Ketamine (mg) | ☐ Rocuronium(mg) | ☐ Versed (mg) | | | | | |
| 13 | Rationale for not using Succinylcho | oline: | | | | | | |
| | ☐ Allergy to Succinylcholine? | ☐ Hyperkalemia? | ☐ Malignant Hyperthermia? | | | | | |
| 14 | Classification of airway (Class 1, 2, | , 3, 4) | | Cl | lass= | | | |
| 15 | Number of attempts for successful i | ntubation? (1,2,3,4,5) | | At | ttempts= | | | |
| 16 | Length of time from first attempt to | intubation (seconds) | | Se | econds= | | | |
| 17 | | | | |] Yes | |] No | |
| 18 | Manual In-Line Spine stabilization | ? | | \equiv |] Yes | Ī |] No | |
| 19 | BVM between attempts effective? | | | F |] Yes | Ŧ |] No | |
| 20 | Oxygen saturation between attempts | s > 90%? | | Ē | | 〒 | l No | |
| 21 | Time of intubation (military time) | | | Τ | | | | |
| 22 | Intubation performed by: EMT-P | | | | | | | |
| 23 | Certification Number? | | | | | | | |
| 24 | SDBREATHE | | | Ь— | | | | |
| 27 | Size of tube? | | | Si | ze= | | | |
| - | Depth of insertion at the lip | | | 1 | m= | | | |
| - | Tube confirmation methods: | | | CI | III— | | | |
| | Bilateral breath sounds? | Disa/fall of about well | | _ | 1 Abdominolo | | da abaant | |
| | _ = | Rise/fall of chest wall | ☐ End Tidal CO2 detector | ш | <u>A</u> bdominal s | oun | us absent | |
| | Tube misting | ☐ Hospital verification | Esophageal Detector | | | | | |
| 25 | Saw tube pass through cords | Patient clinically improved? | ☐ Pulse ox improvement? | _ | l Vac | | l No | |
| 25 | MD confirmed tube placement at re | | | L |] Yes | |] No | |
| 26 | 1 8 | iui intubation? | | ᄂ | 1 x7 | | 1 37 | |
| 27 | Tube secured with device? | | | <u> </u> | Yes | <u> </u> |] No | |
| 28 | Neck stabilization device utilized? | | | L |] Yes | L |] No | |
| 29 | NG/OG tube inserted | | a | _ | | 1 | | |
| | ☐ NG tube inserted? | OG tube inserted | Size of NG or OG tube? | Τι | ıbe size= | | | |
| 30 | Unsuccessful Attempts performed l | by: APP | | Ļ | | | | |
| 31 | Rescue airway device placed? | | | |] Yes | |] No | |

| 32. | Type of rescue airway: | | | |
|-----|-------------------------------------|--------------------------------|------------------------------------|---------------------------------|
| - | □ BVM | ☐ Combitube© | ☐King Airway | |
| | ☐ Surgical Cricothyrotomy | ☐ Needle Cricothyrotomy | ☐ Continuous Positive Airway Pr | essure |
| 33 | Indications for Surgical Airway? | | Continuous 1 ositive 7 iii way 1 i | CSSUIC |
| 33 | ☐ Failed Airway | ☐ Unable to ventilate with BVM | | |
| | Taned 7th way | and the ventilate with B vivi | | |
| 34 | Complications of Surgical | | | ☐ Yes ☐ No |
| ٠. | Airway? | | | |
| 35 | Surgical Airway performed by: EM | T-P | | |
| | Complications of Drug Assisted Int | | | |
| | ☐ Cervical Vertebral injury | ☐ Increased ICP? | ☐ Aspiration? | ☐ Bradycardia? |
| | ☐ Adverse drug effects | ☐ Induction of vomiting? | ☐ Dislocation of mandible | ☐ Patient death? |
| | ☐ Trauma to airway? | ☐ Laryngospasm? | ☐ Tachycardia? | Hypertension? |
| | ☐ Chipping/loosening of teeth? | ☐ Right mainstem bronchus | ☐ Undetected Esophageal | ☐ Injury/trauma to patient from |
| | | intubation | Intubation | efforts |
| 37 | Suspected Reasons for Failed Intub | ation | | |
| | ☐ Difficult anatomy | ☐ Inability to visualize cords | ☐ Excessive secretions in | ☐ Orofacial Trauma |
| | | | airway | |
| | ☐ Inadequate patient paralytics rel | | | |
| | Additional comments/infor | mation: | | |
| | S – Size of tube | | | |
| | D – Depth of tube documer | nted at | | |
| | the teeth or gum line | | | |
| | B – Breath sounds, auscult | ated | | |
| | bilaterally | | | |
| | R – Equal rise and fall of the | he chest | | |
| | during ventilation | ne enest | | |
| | | loria. | | |
| | E – Esophageal detection d | | | |
| | A – Absence of abdominal | | | |
| | T – Presence of tube misting | | | |
| | H – Hospital verification b | y ED | | |
| | physician | | | |
| | | | | |
| | | | | |
| | Camananta | | | |
| | Comments: | | | |
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