



El Dorado County Advanced Airway Study Form

El Dorado County Advanced Airway Study Form shall be completed by the provider who inserts, or attempts to insert an advanced airway. (**Insertion** is placing the TUBE inside the patient's mouth/nose).

Date: _____ Inc #: _____ Agency: _____

Medic's experience level: 0-2 yrs 2-5 yrs 5-10 yrs 10+ yrs Intern

Patients Age: Sex: Type of patient: Medical Trauma

Perceived difficulty (initial impression): 1 2 3 4 5
(Less difficult) (More difficult)

Airway appearance **before** laryngoscopy:



Class: I II III IV

Airway appearance **during** laryngoscopy:



Grade: I II III IV

Describe type of advanced airway, number of attempts, and whether you were successful or not:

	<u>Type</u>	<u># of Attempts</u>	<u>Successful</u>	<u>Unsuccessful</u>
Oral ETT:	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal ETT:	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
King Tube:	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combitube:	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confirmation method(s):

- 5 Point auscultation
 Colormetric CO2 detector
 SaO2 monitor
 Visualization
 Waveform CO2
 Other (describe) _____

Adjuncts used:

- OPA/NPA
 Suction
 Bougie
 Cricoid Pressure
 J Hook

Please provide any additional information that maybe helpful to the CQI committee with the difficulties that were associated with placing this advanced airway:

Form Instructions: Please complete this form for any advanced airway attempt(s) and forward to your department's CQI rep within 24 hours of the call.

Confidential CQI document intended for internal use and is protected from discovery under Section 1175 of the California Evidence Code.