

North Carolina EMS Airway Evaluation Form

1. Patient Demographic Information

Date: ___/___/___ Dispatch Time: ___:___ am/pm

PCR # _____

EMS Agency Name: _____

Patient Age (yr): _____ Patient Sex: M F



The NC EMS Airway Evaluation Form is required to be completed with all Drug Assisted Intubations.

- It is recommended that this form be completed with all invasive airway procedures.

2. Indication for invasive airway management

- Apnea or agonal respirations
- Airway reflex compromised
- Ventilatory effort compromised
- Injury/illness involving airway
- Adequate airway reflexes/effort, potential for compromise
- Other _____

3. Was endotracheal intubation (ETI) attempted?

Yes No

4. If ETI not attempted, alternate method of airway support

- | | |
|---|---|
| <input type="checkbox"/> Bag-Valve-Mask (BVM) | <input type="checkbox"/> Combitube |
| <input type="checkbox"/> Needle Jet Ventilation | <input type="checkbox"/> LMA |
| <input type="checkbox"/> Open Cricothyrotomy | <input type="checkbox"/> Other Cricothyrotomy |
| <input type="checkbox"/> CPAP/BiPAP | <input type="checkbox"/> King LT-D |
| <input type="checkbox"/> Not Applicable (ETI Attempted) | <input type="checkbox"/> Other _____ |

5. Glasgow Coma Score (GCS) before intubation

Eye (1) none (2) pain (3) verbal (4) spontaneous

Verbal (1) none (2) incomprehensible (3) inappropriate words (4) disoriented (5) oriented

Motor (1) no response (2) extends to pain (3) flexes to pain (4) withdraws from pain (5) localizes pain (6) obeys commands

6. Level of training of each rescuer attempting intubation

Rescuer A	Rescuer B	Rescuer C
State ID:	State ID:	State ID:
<input type="checkbox"/> Paramedic <input type="checkbox"/> EMT-I <input type="checkbox"/> Medic Student <input type="checkbox"/> Nurse <input type="checkbox"/> Phys. Assist <input type="checkbox"/> MD/DO <input type="checkbox"/> Other: _____	<input type="checkbox"/> Paramedic <input type="checkbox"/> EMT-I <input type="checkbox"/> Medic Student <input type="checkbox"/> Nurse <input type="checkbox"/> Phys. Assist <input type="checkbox"/> MD/DO <input type="checkbox"/> Other: _____	<input type="checkbox"/> Paramedic <input type="checkbox"/> EMT-I <input type="checkbox"/> Medic Student <input type="checkbox"/> Nurse <input type="checkbox"/> Phys. Assist <input type="checkbox"/> MD/DO <input type="checkbox"/> Other: _____

7. Indicate drugs given to facilitate intubation

- Atropine _____ mg
- Diazepam _____ mg
- Etomidate _____ mg
- Lidocaine _____ mg
- Midazolam _____ mg
- Morphine _____ mg
- Succinylcholine _____ mg
- Topical Anesthetic Spray
- Other-Specify _____ - _____ mg
- Other-Specify _____ - _____ mg

8. Times and Vital Signs

	Time	Heart Rate	Resp. Rate	Blood Pressure	Pulse Oximetry	ECTO ₂
Decision to Perform Airway Procedure	:					
Pre-Airway Procedure Value	:			/		
Lowest Value During Airway Procedure	:			/		
Highest Value During Airway Procedure	:			/		
Successful Airway Obtained	:					
Post-Airway Procedure Value	:			/		
Airway Procedure Abandoned Unsuccessfully	:					

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9. Provide information for each laryngoscopy attempt.

Attempt	ETI Method	Rescuer	Attempt Successful?
1	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Sedation <input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Sedation <input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Sedation <input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Sedation <input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR ORAL ROUTE:
Each Insertion of Blade (Laryngoscope) is one "Attempt"

FOR NASAL ROUTE:
Each Pass of Tube Past the Nares is One "Attempt"

10. Endotracheal tube confirmation

	Tracheal Placement	Esophageal Placement	Indeterminate	Not Assessed	Tube Not Placed
Auscultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulb/Syringe Aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colorimetric ETCO ₂	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital ETCO ₂	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waveform ETCO ₂	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Who determined the final placement (location) of ET Tube?

- Rescuer performing intubation
- Another rescuer on the same team
- Receiving helicopter/EMS crew
- Receiving hospital team
- Other: _____

12. Was ETI successful for the overall encounter (on transfer of care to ED or helicopter)?

- Yes No

13. If all intubation attempts FAILED, indicate suspected reasons for failed intubation (Check all that apply)

- Inadequate patient relaxation
- Inability to expose vocal cords
- Difficult patient anatomy
- ETI attempted, but arrived at destination facility before accomplished
- Not Applicable – Successful field ETI
- Other _____
- Orofacial Trauma
- Secretions/blood/vomit
- Unable to access patient

14. Critical complications encountered during airway management (Check all that apply)

- Failed intubation effort
- Injury or trauma to patient from airway management effort
- Adverse event from facilitating drugs
- Esophageal intubation – delayed detection (after tube secured)
- Esophageal intubation – detected in ED
- Tube dislodged during transport/patient care
- Tube was not in the correct position when assumed care of the patient
- Other: _____

15. If all intubation attempts FAILED, indicate secondary (rescue) airway technique used (Check all that apply)

- Bag-Valve-Mask (BVM) Ventilation
- Combitube
- Not Applicable – Successful field ETI
- Other _____
- Needle/Jet Ventilation
- Open Cricothyroidotomy
- King LT-D

16. Did secondary (rescue) airway result in satisfactory ventilation?

- Yes No Not Applicable

18. Endotracheal tube placement

- 34. Size (mm) _____ Unknown
- 35. Depth (cm, at lateral corner of mouth) _____ Unknown
- 36. Secured with: Adhesive tape Umbilical/cloth tape Tube holder Other Unknown
- 37. Placement reassessed after patient movement Yes No Unknown
- 38. Placement reassessed after patient transfer of care Yes No Unknown

19. Signature of Receiving Physician/Healthcare Provider (Confirming Destination/Transfer Tube Placement)

20. Signature of EMS Medical Director (Confirming Review of Completed Form)

Date and Time: _____ : _____ am/pm

Date: _____