North Carolina EMS Airway Evaluation Form

The NC EMS Airway Evaluation Form is required to be completed with all patients receiving Drug-Assisted Intubation in the Pre-hospital Environment.

FOR ORAL ROUTE:
Each Insertion of Blade into Oropharynx = 1 Attempt

FOR NASAL ROUTE:
Pass of Tube Past the Nares = 1 Attempt

1. Patient Demographic Information

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

PCR # _____

EMS Agency Name:_____

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

2. Glasgow Coma Score (GCS) before intubation

Eye	❑ (1)	❑ (2)	❑ (3)	❑ (4)		
Verbal	❑ (1)	❑ (2)	❑ (3)	❑ (4)	❑ (5)	
Motor	❑ (1)	❑ (2)	❑ (3)	❑ (4)	❑ (5)	❑ (6)

3. Was ETI successful for the overall encounter?

❑ Yes ❑ No ❑ Uncertain

4. Was intubation attempt due to Trauma?

❑ Yes ❑ No

5. Level of training of each rescuer assisting with intubation

Rescuer A	Rescuer B	Rescuer C
State ID:	**State ID:**	**State ID:**
❑ Paramedic	❑ Paramedic	❑ Paramedic
❑ EMT-I	❑ EMT-I	❑ EMT-I
❑ Medic Student	❑ Medic Student	❑ Medic Student
❑ Nurse	❑ Nurse	❑ Nurse
❑ Phys. Assist	❑ Phys. Assist	❑ Phys. Assist
❑ MD/DO	❑ MD/DO	❑ MD/DO
❑ Other: _____	❑ Other: _____	❑ Other: _____

6. Indicate drugs given to facilitate intubation

❑ Atropine _____ mg
❑ Etomidate _____ mg
❑ Lidocaine _____ mg
❑ Midazolam _____ mg
❑ Rocuronium _____ mg
❑ Succinylcholine _____ mg
❑ Vecuronium _____ mg
❑ Other–Specify _____–_____ mg
❑ Other–Specify _____–_____ mg

7. Times and Vital Signs

	Time	Heart Rate	Resp. Rate	Blood Pressure	Pulse Oximetry	ECTO$_2$
Pre-Airway Assessment Values	:			/		
Successful Airway Obtained	:					
Post-Airway Assessment Values	:			/		

8. Provide information for each laryngoscopy attempt.

Attempt	ETI Method	Rescuer	Successful?
1	❑ Direct ❑ Nasal ❑ Video	❑ A ❑ B ❑ C	❑ Yes ❑ No
2	❑ Direct ❑ Nasal ❑ Video	❑ A ❑ B ❑ C	❑ Yes ❑ No
3	❑ Direct ❑ Nasal ❑ Video	❑ A ❑ B ❑ C	❑ Yes ❑ No
4	❑ Direct ❑ Nasal ❑ Video	❑ A ❑ B ❑ C	❑ Yes ❑ No

9. Who verified placement of ET Tube?

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

10. If all attempts FAILED, indicate secondary airway technique used (Check *all* that apply)

❑ Bag-Valve-Mask (BVM) ❑ Combitube
❑ Open Cricothyroidotomy ❑ King LTD
❑ LMA ❑ Other_____

11. Endotracheal tube confirmation

	Auscultation	ETCO2	Breath Sounds	Absent Epigastric
Placement Confirmation	❑	❑	❑	❑
Tube Size		**Tube Depth**		
Security Method				

12. Were pulses maintained while under agencies care?

❑ Yes ❑ No

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

❑ Yes ❑ No ❑ Uncertain

Date and Time: ____ : ____ am/pm

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

❑ Chart Review Done ❑ Remediation Required ❑ Approved

Date: