Advanced Airway Maneuver Form

Date: _____ Incident: _____ Receiving Hospital: _____

Medic/RN/Intern #: _____ Agency: _____

Patient Information

Gender: M ☐   F ☐   N/A ☐

Age: _____

Weight: _____

Height: _____

Indication for Intubation

☐ Medical Cardiac Arrest/ROSC
☐ Traumatic Arrest
☐ Respiratory Arrest/Hypoventillation
☐ Airway Protection/Injury/Obstruction
☐ Other (Specify why in Medic Comments)

	O2	CO2
Initial	_____	_____
Lowest	_____	_____
Highest	_____	_____

First Attempt

Success: ☐ Yes ☐ No

Airway ☐ ETI ☐ SGA

Size: _____ Depth: _____

ETI Info:

Blade: ☐ Mac ☐ Miller ☐ Video

Adjunct: Suction   Bougie

Other Adj: _____

Second Attempt

Success: ☐ Yes ☐ No

Airway: ☐ ETI ☐ SGA

Size: _____ Depth: _____

ETI Info:

Blade: ☐ Mac ☐ Miller ☐ Video

Adjuncts: Suction   Bougie

Other Adj: _____

Third Attempt

Success: ☐ Yes ☐ No

Airway ☐ ETI ☐ SGA

Size: _____ Depth: _____

ETI Info:

Blade: ☐ Mac ☐ Miller ☐ Video

Adjunct: Suction   Bougie

Other Adj: _____

If ETI/SGA was not placed, provide reasoning why in medic comments and indicate alternative airway management techniques used:

☐ BVM   ☐ OPA   ☐ NPA   ☐ Needle Cric

Airway Confirmation Methods Used

☐ ETCO2 (Required by Policy)
☐ Colorimetric
☐ Bulb Detection Device
☐ Lung/Epigastric Sounds

Results:

Waveform Present: _____

Colormetric Color: _____

Lung Sounds: _____

Gastric Sounds: _____

Patient Outcome:

_____

_____

_____

Medic Comments: _____

Signatures:

Paramedic that placed Airway: _____   Paramedic/Physician that Verified: _____

Once this form is completed, send to PH_EMSA@co.slo.ca.us