

Thomas Jefferson EMS Council
Advanced Airway Management Form

Revised: May 2007

Date: _____ Time: _____ Agency: _____ Provider: _____
 Patient Name: _____ Age: _____ Cardiac Arrest _____ Live _____ RSI used _____
 Breath sounds prior to intubation: _____

1st Attempt: **Successful** Y N
 Endotracheal _____ Size _____ mm Depth _____ cm
 Combitube _____ Which tube used ? White or Blue
 King LT-D _____ Size _____ Depth _____ cm
 Cricothyrotomy: Needle _____ Surgical _____

Confirmation methods used:
 Direct view of tube passing through cords _____
 Absent sounds in epigastrium _____
 Equal bilateral breath sounds _____
 Equal expansion of chest with ventilation _____
 Rise in SpO2 (patient is not in full arrest) _____
 Colormetric CO2 detector _____
 Esophageal detection device _____
 Capnography (attach wave strip) _____

Complications:
 Vomit _____ Esophageal placement _____
 Blood _____ Tube dislodgement _____
 Intact gag reflex _____ Broken teeth _____
 Trauma to airway _____ Equipment failure _____

Not successful, why? _____

2nd Attempt: **Successful** Y N
 Endotracheal _____ Size _____ mm Depth _____ cm
 Combitube _____ Which tube used ? White or Blue
 King LT-D _____ Size _____ Depth _____ cm
 Cricothyrotomy: Needle _____ Surgical _____

Confirmation methods used:
 Direct view of tube passing through cords _____
 Absent sounds in epigastrium _____
 Equal bilateral breath sounds _____
 Equal expansion of chest with ventilation _____
 Rise in SpO2 (patient is not in full arrest) _____
 Colormetric CO2 detector _____
 Esophageal detection device _____
 Capnography (attach wave strip) _____

Complications:
 Vomit _____ Esophageal placement _____
 Blood _____ Tube dislodgement _____
 Intact gag reflex _____ Broken teeth _____
 Trauma to airway _____ Equipment failure _____

Not successful, why? _____

Attach copy of capnography strip
post intubation

Attach copy of capnography strip at
turn over to hospital or other provider

Tube placement checked by: _____

Patient disposition: _____ 5/1/07