Manitowoc County EMS System
PRE-HOSPITAL AIRWAY MANAGEMENT FORM

Patient's Name:_____ **Age:**_____ **Date:** ____/____/_____

Check all appropriate items: **Intubating Provider's Number** _____ **Service:** _____

Airway Control Used	Arrival Of EMS: Status of Pt's Airway/Ventilation	Indication(s) for ETT	Difficult Airway Assessment
☐ Intubation without RSI ☐ Intubation with RSI ☐ Combitube If one of the above continue form. ☐ CPAP If used complete CPAP Data Form	☐ Airway not open on arrival ☐ Open,-Pt Ventilating Well ☐ Open, not Ventilating Well ☐ Open, in Respiratory Arrest ☐ Foreign Body Obstruction ☐ Vomitus/Blood in Airway ☐ Facial/Tracheal Trauma	☐ Status Asthmaticus/ COPD ☐ Respiratory Arrest ☐ Cardiac Arrest ☐ Head Injury ☐ Refractory Hypoxia ☐ Other_____	☐ Facial Trauma ☐ < 3 finger thyromental distance ☐ < 3 cm mouth opening ☐ Can't see tip of uvula ☐ Craniofacial abnormality

Type of Intubation (ETT)	Verification Check #1 (ETT)	Verification Check #2	Verification Check #3
☐ Oro-tracheal ☐ Nasal ☐ Digital	☐ Direct Visualization **(ET seen through vocal cords)** ☐ ET Over Arytenoids ☐ Unable to Visualize	**End Tidal CO2 Detector** ☐ Appropriate color change ☐ No color change	**Breath Sounds** ☐ B/S Present 5 area check ☐ B/S Right __Left__ only ☐ B/S Absent

Verification Check #4	Verification Check # 5	ETT Placement	Combitube Placement
Epigastric Sounds ☐ Absent epigastric sounds ☐ Epigastric sounds present ☐ Unable to determine	**Pulse Ox Reading** **Pre ETT:** _____% **Post ETT:** _____%	**YES** **NO** ☐ Gag Reflex Present ☐ ☐ Suction Needed ☐ ☐ Stylet Used? ☐ ☐ Jaw Flexible? ☐ **# of Attempts** _____ **ETT Size** _____ **Type of Blade** _____	☐ Combitube **NOT** Attempted ☐ Combitube **WAS** Attempted **Number Of Attempts** _____ **Lung Sounds? Yes** ☐ **NO**☐ **Chest Rise? Yes** ☐ **NO**☐

PLACEMENT SECURED BY: ☐ **ETT HOLDER** ☐ **C-COLLAR** ☐ **OTHER**_____

PHYSICIAN STATEMENT

TO THE PHYSICIAN ACCEPTING CARE OF THIS PATIENT,
PLEASE FILL OUT THIS SECTION AS PART OF OUR QUALITY IMPROVEMENT PROGRAM:

ETT Position upon Arrival in your ER: ☐ Trachea ☐ Esophagus **RECEIVING HOSPITAL:** _____
Combitube Position upon Arrival in your ER: ☐ Trachea ☐ Esophagus
Method of Verification: ☐ Direct Visualization ☐ Breath Sounds ☐ End Tidal CO2/ EDD ☐ CXR

Comments including assessing difficulty of airway management:_____

_____

PHYSICIAN:_____ **DATE OF SIGNATURE:** _____

Please return to Dr. Todd Nelson—Holy Family Memorial for all EMS providers except Mishicot Ambulance and Two Rivers Fire. Forms from these two services should go to Dr. Laura Vogel-Schwartz—Aurora Medical Center