Appendix 2:

Methods

<u>Chest Wall Rigidity (secondary to opiates)</u>- Chest wall rigidity and difficulty with bagmask ventilation that occurred after an infant received any type of opiate medication and was thought by the intubating clinician to be secondary to the opiate medication.

<u>Difficulty with Bag-Mask Ventilation</u>- Any difficulty with bag-mask ventilation during the intubation encounter. This includes laryngospasm, bronchospasm or upper airway obstruction after medication administration.

<u>Emesis</u>- Reflux of any stomach contents into the posterior pharynx during the intubation encounter.

<u>Esophageal intubation with immediate recognition</u>- Placement of an endotracheal tube with subsequent bag-mask ventilation in a location that was not thought by the intubating clinician to be within the trachea and removal prior to securing the malpositioned tube.

Mainstem Bronchial Intubation- An endotracheal tube that is found to terminate within either the right mainstem or left mainstem bronchus on the first chest x-ray taken after intubation. This outcome is based upon chest x-ray readings performed by an attending pediatric radiologist. Any endotracheal tube that was purposefully placed in a mainstem bronchus is not classified as a positive outcome (i.e. selective mainstem intubation due to air leak syndrome)

<u>Oral bleeding secondary to intubation</u>- Any bleeding in the mouth or oropharynx due to trauma during the intubation or advanced airway procedure. Bleeding must not be present prior to airway management.

<u>Chest Compressions</u>- Outcome is positive if chest compressions are performed on the infant at any time between the beginning of the intubation encounter and securing the endotracheal tube.

<u>CPR: Code Medications</u>- Outcome is positive if an infant receives either epinephrine or atropine used during a period of bradycardia (heart rate<60 bpm) as part of resuscitation at any time between the beginning of the intubation encounter and securing the endotracheal tube.

<u>Death</u>- Cessation of life that occurred either during an intubation encounter or as the result of bradycardia/asystole/pulseless electrical activity (PEA) that began during an intubation encounter. This outcome is not positive if the bradycardia/asystole/PEA began prior to the intubation encounter and airway management was performed as part of the resuscitation.

<u>Direct Esophageal/Airway Trauma</u>- Any airway or esophageal trauma that occurs during the placement of an endotracheal tube or other advanced airway device. This includes tracheal perforation, esophageal perforation, confirmed tracheal bleeding or confirmed tracheal tissue dislodgement.

<u>Esophageal intubation with delayed recognition</u>- Placement of an endotracheal tube, subsequent bag-mask ventilation and securing of the tube in a location that was thought by the intubating clinician to be within the trachea but is determine after securing the tube to be in a location other than the trachea.

<u>Hypotension receiving treatment</u>- Any blood pressure value taken either during the intubation encounter or within thirty minutes of securing the airway for which the infant

receives either volume expansion (normal saline bolus, albumin, etc.) or initiation/increase of vasopressor medications (e.g. dopamine, epinephrine, dobutamine).

Pneumothorax- Any air within the pleural space that was not present on chest x-ray taken prior to intubation but is present in any quantity after intubation or advanced airway management. This outcome is based upon chest x-ray readings performed by an attending pediatric radiologist.

Transition from non-emergent intubation to emergent intubation. An intubation encounter that begins as non-emergent but due to physiologic instability and inability to oxygenate the infant effectively, the proceduralist thinks placement of an advanced airway is warranted on an emergent basis without stabilization and bag-mask ventilation between attempts.

First page to be filled out by senior provider supervising intubation course.*

Timing of Intubation (at beginn	ning of procedure)*:	Clinical Instability in 4 Hours Prior to Intubation:
\square Emergent- see definition*	□Urgent	□CPR (chest compressions, epi)
□Elective		☐Worsening Hypotension requiring therapy
		\square Greater than 2 spells requiring any intervention
Primary Reason for Intubation:	:	\square Worsening Hypoxia (\uparrow FiO2, \uparrow iNO or \uparrow mean airway pressure)
□Hypoxia	\square Code/Resuscitation	
\square Hypercarbia	☐ Increased Work of Breathing	Does the patient have craniofacial anomalies? Yes/No
\square Apnea/Spells	\square Upper Airway Obstruction	
□Surfactant	\square Pre-Surgical/Procedure/Transport	Was patient able to be stabilized prior to intubation?
☐ET tube exchange	\square Self-extubation	(i.e. preoxygenation, effective bag-mask vent) yes/no
□Other		
	Premedication Pra	actices
Opiates: \square Fentanyl \square Morpl	hine \square Dilaudid \square Methadone \square Remife	ntanil Other
<u>Sedatives</u> : □Ativan □Versed	\Box Phenobarbital \Box Pentobarbital \Box Othe	er
<u>Paralytic:</u> □Vecuronium □Roo	curonium \square Cisatracurium \square Succinylcho	oline Other
<u>Vagolytics:</u> □Atropine □Robin	nul	
<u>Other</u> : □Propofol □Ketamine	e \square Etomidate \square Other	
	\square No premedications used for intubati	on (Answer next question)
In the event no premedication	was used, please provide reason:	
☐ Emergent/Code si	ituation \square No IV access \square Upper Airway	obstruction \square Medications not readily available
□Medicatio	ons not needed \square Concern for medicatio	n side effects (hypotension, apnea, etc.)
Other		
Intubation Events- (Please che	ck all boxes that occurred during intubat	tion course)
☐ CPR- Chest compressions	3	☐CPR- medications (Epinephrine, Atropine)
	cheal perforation)	□Pneumothorax
☐Oral/Airway bleeding or trau		☐ Mainstem Bronchial Intubation
☐Rigid-chest syndrome (secor	ndary to opiates)	☐ Difficulty with bag-mask ventilation for any reason
□Emesis		☐ Hypoxia (Oxygen saturation less than 60)
☐ Esophageal Intubation with	desaturation prior to removal	☐Bradycardia (HR less than 60)
☐ Esophageal Intubation with	recognition prior to desaturation	☐ Equipment needed not at bedside during procedure
☐ Hypotension requiring treat	ment (IV fluids, 个 BP meds)	□Other
☐Pain/Agitation needing addi	tional medications outside of the normal	premedication sequence
☐Transition from urgent/elective* intubation to emergent intubation* due to patient instability during procedure		

*Definitions:

<u>Emergent Intubation</u>- Establishment of airway necessary <u>immediately</u> due to physiologic instability. Vitals unable to stabilized until airway in place. <u>Urgent Intubation</u>- Establishment of airway needed <u>imminently (<4hrs)</u> but time available for medication administration and pre-procedural patient stabilization.

<u>Elective Intubation</u>- Establishment of airway can begin at provider discretion due to patient stability.

Intubation Course-Course consists of one approach to secure an airway including one set of premedications. (Can involve multiple attempts)

If you attempted intubation, please fill out corresponding fields for each attempt.

Attempt 1
Method: □Oral □Nasal □Surgical/Tracheostomy ET Tube Size: □2.0 □2.5 □3.0 □3.5 □4.0 Cuffed/Uncuffed
Equipment Used: ☐ Direct Laryngoscope ☐ Video laryngoscope ☐ Bronchoscopy ☐ Other
Blade Size: $\square 00 \square 0 \square 1$ Stylet Used: $\square Yes \square No$
<u>Current Clinical Role</u> : \square PGY-1 \square PGY-2 \square PGY-3 \square 1 st yr Neo Fellow \square 2 nd yr Neo Fellow \square 3 rd yr Neo Fellow
□NNP □NICU Hospitalist □ Neo Attending □Other
Prior neonatal intubation experience: \square <10 attempts at intubation \square 10-40 attempts \square >40 attempts
Was the attempt successful? ☐ Yes ☐ No
If attempt was unsuccessful, what was reason? (Check all that apply)
\square Cords not visualized \square Patient decompensation prior to intubation \square Cords visualized but ETT not able to be passed
□ Suctioning needed □ Esophageal Intubation □ Equipment failure □ Other
Circle your view if able:
Grade1- Full Cords seen Grade2- Partial Cords seen Grade 3- Epiglottis seen only Grade 4- Epiglottis not visible
Grade 3- Epiglottis seem Grade 4- Epiglottis seem only Grade 4- Epiglottis mot visible
Comments:
Attempt 2
Attempt 2 Method: □Oral □Nasal □Surgical/Tracheostomy ET Tube Size: □2.0 □2.5 □3.0 □3.5 □4.0 Cuffed/Uncuffed
Method: □Oral □Nasal □Surgical/Tracheostomy <u>ET Tube Size</u> : □2.0 □2.5 □3.0 □3.5 □4.0 Cuffed/Uncuffed
Method: □ Oral □ Nasal □ Surgical/Tracheostomy ET Tube Size □ 2.5 □ 3.0 □ 3.5 □ 4.0 □ Cuffed/Uncuffed Equipment Used: □ Direct Laryngoscope □ Video laryngoscope □ Bronchoscopy □ Other □
Method: □ Oral □ Nasal □ Surgical/Tracheostomy ET Tube Size: □ 2.0 □ 2.5 □ 3.0 □ 3.5 □ 4.0 Cuffed/Uncuffed Equipment Used: □ Direct Laryngoscope □ Video laryngoscope □ Bronchoscopy □ Other □ Stylet Used: □ Yes □ No
Method: □ Oral □ Nasal □ Surgical/Tracheostomy ET Tube Size: □ 2.0 □ 2.5 □ 3.0 □ 3.5 □ 4.0 Cuffed/Uncuffed Equipment Used: □ Direct Laryngoscope □ Video laryngoscope □ Bronchoscopy □ Other Blade Size: □ 00 □ 0 □ 1 Stylet Used: □ Yes □ No Current Clinical Role: □ PGY-1 □ PGY-2 □ PGY-3 □ 1 st yr Neo Fellow □ 2 nd yr Neo Fellow □ 3 rd yr Neo Fellow
Method: □ Oral □ Nasal □ Surgical/Tracheostomy ET Tube Size: □ 2.5 □ 3.0 □ 3.5 □ 4.0 Cuffed/Uncuffed Equipment Used: □ Direct Laryngoscope □ Video laryngoscope □ Bronchoscopy □ Other
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other Blade Size: 00 0 1 Stylet Used: Yes No Current Clinical Role: PGY-1 PGY-2 PGY-3 1st yr Neo Fellow 2nd yr Neo Fellow 3rd yr Neo Fellow NNP NICU Hospitalist Neo Attending Other Prior neonatal intubation experience: <10 attempts at intubation 10-40 attempts >40 attempts
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other Blade Size: 00 0 1 Stylet Used: Yes No Current Clinical Role: PGY-1 PGY-2 PGY-3 1st yr Neo Fellow 2nd yr Neo Fellow 3rd yr Neo Fellow NNP NICU Hospitalist Neo Attending Other Prior neonatal intubation experience: <10 attempts at intubation 10-40 attempts >40 attempts Was the attempt successful? Yes No
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other Blade Size: 00 0 1 Stylet Used: Yes No Current Clinical Role: PGY-1 PGY-2 PGY-3 1st yr Neo Fellow 2nd yr Neo Fellow 3rd yr Neo Fellow NNP NICU Hospitalist Neo Attending Other Prior neonatal intubation experience: <10 attempts at intubation 10-40 attempts >40 attempts Was the attempt successful, what was reason? (Check all that apply) Cords not visualized Patient decompensation prior to intubation Cords visualized but ETT not able to be passed
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other

Comments:

<u>Attempt</u>- Laryngoscope blade into and out of the mouth.

^{*}Definitions:

If you attempted intubation, please fill out corresponding fields for each attempt.

Attempt 3
Method: □Oral □Nasal □Surgical/Tracheostomy ET Tube Size: □2.0 □2.5 □3.0 □3.5 □4.0 Cuffed/Uncuffed
Equipment Used: □Direct Laryngoscope □Video laryngoscope □Bronchoscopy □Other
$\underline{BladeSize}\colon \Box00\Box0\Box1\qquad \qquad \underline{StyletUsed}\colon\BoxYes\BoxNo$
□NNP □NICU Hospitalist □ Neo Attending □Other
<u>Prior neonatal intubation experience</u> : \square <10 attempts at intubation \square 10-40 attempts \square >40 attempts
Was the attempt successful? ☐ Yes ☐ No
If attempt was unsuccessful, what was reason? (Check all that apply)
\square Cords not visualized \square Patient decompensation prior to intubation \square Cords visualized but ETT not able to be passed
□ Suctioning needed □ Esophageal Intubation □ Equipment failure □ Other
Circle your view if able:
Grade1- Full Cords seen Grade2- Partial Cords seen Grade 3- Epiglottis seen only Grade 4- Epiglottis not visible
Comments:
Attempt 4
Attempt 4 Method: □Oral □Nasal □Surgical/Tracheostomy ET Tube Size: □2.0 □2.5 □3.0 □3.5 □4.0 Cuffed/Uncuffed
Method: □Oral □Nasal □Surgical/Tracheostomy ET Tube Size: □2.0 □2.5 □3.0 □3.5 □4.0 Cuffed/Uncuffed
Method: □Oral □Nasal □Surgical/Tracheostomy ET Tube Size: □2.0 □2.5 □3.0 □3.5 □4.0 Cuffed/Uncuffed Equipment Used: □Direct Laryngoscope □Video laryngoscope □Bronchoscopy □Other
Method: □ Oral □ Nasal □ Surgical/Tracheostomy ET Tube Size □ 2.0 □ 2.5 □ 3.0 □ 3.5 □ 4.0 Cuffed/Uncuffed Equipment Used: □ Direct Laryngoscope □ Video laryngoscope □ Bronchoscopy □ Other □ Other □ Yes □ No
Method: □ Oral □ Nasal □ Surgical/Tracheostomy ET Tube Size: □ 2.0 □ 2.5 □ 3.0 □ 3.5 □ 4.0 Cuffed/Uncuffed Equipment Used: □ Direct Laryngoscope □ Video laryngoscope □ Bronchoscopy □ Other Blade Size: □ 00 □ 0 □ 1 Stylet Used: □ Yes □ No Current Clinical Role: □ PGY-1 □ PGY-2 □ PGY-3 □ 1 st yr Neo Fellow □ 2 nd yr Neo Fellow □ 3 rd yr Neo Fellow
Method: □ Oral □ Nasal □ Surgical/Tracheostomy ET Tube Size: □ 2.5 □ 3.0 □ 3.5 □ 4.0 Cuffed/Uncuffed Equipment Used: □ Direct Laryngoscope □ Video laryngoscope □ Bronchoscopy □ Other
Method: □ Oral □ Nasal □ Surgical/Tracheostomy ET Tube Size: □ 2.5 □ 3.0 □ 3.5 □ 4.0 Cuffed/Uncuffed Equipment Used: □ Direct Laryngoscope □ Video laryngoscope □ Bronchoscopy □ Other
Method: □ Oral □ Nasal □ Surgical/Tracheostomy ET Tube Size: □ 2.0 □ 2.5 □ 3.0 □ 3.5 □ 4.0 Cuffed/Uncuffed Equipment Used: □ Direct Laryngoscope □ Video laryngoscope □ Bronchoscopy □ Other
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other Blade Size: 00 0 1 Stylet Used: Yes No Current Clinical Role: PGY-1 PGY-2 PGY-3 1st yr Neo Fellow 2nd yr Neo Fellow 3rd yr Neo Fellow NNP NICU Hospitalist Neo Attending Other Prior neonatal intubation experience: <10 attempts at intubation 10-40 attempts >40 attempts Was the attempt successful? Yes No If attempt was unsuccessful, what was reason? (Check all that apply)
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other Blade Size: 00 0 1 Stylet Used: Yes No No Current Clinical Role: PGY-1 PGY-2 PGY-3 1st yr Neo Fellow 2nd yr Neo Fellow 3rd yr Neo Fellow NNP NICU Hospitalist Neo Attending Other Prior neonatal intubation experience: <10 attempts at intubation 10-40 attempts >40 attempts Was the attempt successful? Yes No If attempt was unsuccessful, what was reason? (Check all that apply) Cords not visualized Patient decompensation prior to intubation Cords visualized but ETT not able to be passed
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other Blade Size: 00 0 1 Stylet Used: Yes No No Current Clinical Role: PGY-1 PGY-2 PGY-3 1st yr Neo Fellow 2nd yr Neo Fellow 3rd yr Neo Fellow NNP NICU Hospitalist Neo Attending Other Prior neonatal intubation experience: <10 attempts at intubation 10-40 attempts >40 attempts Was the attempt successful? Yes No If attempt was unsuccessful, what was reason? (Check all that apply) Cords not visualized Patient decompensation prior to intubation Cords visualized but ETT not able to be passed Suctioning needed Esophageal Intubation Equipment failure Other
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other Blade Size: 00 0 1 Stylet Used: Yes No No Current Clinical Role: PGY-1 PGY-2 PGY-3 1st yr Neo Fellow 2nd yr Neo Fellow 3rd yr Neo Fellow NNP NICU Hospitalist Neo Attending Other Prior neonatal intubation experience: <10 attempts at intubation 10-40 attempts >40 attempts Was the attempt successful? Yes No If attempt was unsuccessful, what was reason? (Check all that apply) Cords not visualized Patient decompensation prior to intubation Cords visualized but ETT not able to be passed Suctioning needed Esophageal Intubation Equipment failure Other
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other

*Definitions:

<u>Attempt</u>- Laryngoscope blade into and out of the mouth.

If you attempted intubation, please fill out corresponding fields for each attempt.

Attempt 5
Method: □Oral □Nasal □Surgical/Tracheostomy ET Tube Size: □2.0 □2.5 □3.0 □3.5 □4.0 Cuffed/Uncuffed
Equipment Used: ☐Direct Laryngoscope ☐Video laryngoscope ☐Bronchoscopy ☐Other
Blade Size: $\Box 00 \ \Box 0 \ \Box 1$ Stylet Used: $\Box Yes \ \Box No$
<u>Current Clinical Role</u> : \square PGY-1 \square PGY-2 \square PGY-3 \square 1 st yr Neo Fellow \square 2 nd yr Neo Fellow \square 3 rd yr Neo Fellow
□NNP □NICU Hospitalist □ Neo Attending □Other
Prior neonatal intubation experience: \square <10 attempts at intubation \square 10-40 attempts \square >40 attempts
Was the attempt successful? ☐ Yes ☐ No
If attempt was unsuccessful, what was reason? (Check all that apply)
\square Cords not visualized \square Patient decompensation prior to intubation \square Cords visualized but ETT not able to be passed
□Suctioning needed □Esophageal Intubation □Equipment failure □Other
Circle your view if able:
Grade1- Full Cords seen Grade2- Partial Cords seen Grade 3- Epiglottis seen only Grade 4- Epiglottis not visible
Comments:
Attempt 6
Attempt 6 Method: □Oral □Nasal □Surgical/Tracheostomy ET Tube Size: □2.0 □2.5 □3.0 □3.5 □4.0 Cuffed/Uncuffed
Method: □Oral □Nasal □Surgical/Tracheostomy ET Tube Size: □2.0 □2.5 □3.0 □3.5 □4.0 Cuffed/Uncuffed
Method: □Oral □Nasal □Surgical/Tracheostomy ET Tube Size: □2.0 □2.5 □3.0 □3.5 □4.0 Cuffed/Uncuffed Equipment Used: □Direct Laryngoscope □Video laryngoscope □Bronchoscopy □Other
Method: □ Oral □ Nasal □ Surgical/Tracheostomy ET Tube Size □ 2.5 □ 3.0 □ 3.5 □ 4.0 Cuffed/Uncuffed Equipment Used: □ Direct Laryngoscope □ Video laryngoscope □ Bronchoscopy □ Other Blade Size: □ 00 □ 0 □ 1 Stylet Used: □ Yes □ No
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other Blade Size: 00 0 1 Stylet Used: Yes No Current Clinical Role: PGY-1 PGY-2 PGY-3 1st yr Neo Fellow 2nd yr Neo Fellow 3rd yr Neo Fellow
Method: □ Oral □ Nasal □ Surgical/Tracheostomy ET Tube Size: □ 2.5 □ 3.0 □ 3.5 □ 4.0 Cuffed/Uncuffed Equipment Used: □ Direct Laryngoscope □ Video laryngoscope □ Bronchoscopy □ Other
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other Blade Size: 00 0 1 Stylet Used: Yes No Current Clinical Role: PGY-1 PGY-2 PGY-3 1st yr Neo Fellow 2nd yr Neo Fellow 3rd yr Neo Fellow NNP NICU Hospitalist Neo Attending Other Prior neonatal intubation experience: <10 attempts at intubation 10-40 attempts >40 attempts
Method: □Oral □Nasal □Surgical/Tracheostomy ET Tube Size: □2.0 □2.5 □3.0 □3.5 □4.0 Cuffed/Uncuffed Equipment Used: □Direct Laryngoscope □Video laryngoscope □Bronchoscopy □Other
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other Blade Size: 00 0 1 Stylet Used: Yes No Current Clinical Role: PGY-1 PGY-2 PGY-3 1st yr Neo Fellow 2nd yr Neo Fellow 3rd yr Neo Fellow NNP NICU Hospitalist Neo Attending Other Prior neonatal intubation experience: 10 attempts at intubation 10-40 attempts 40 attempts Was the attempt successful? Yes No If attempt was unsuccessful, what was reason? (Check all that apply)
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other Blade Size: 00 0 0 1 Stylet Used: Yes No No No No No No No N
Method: Oral Nasal Surgical/Tracheostomy ET Tube Size: 2.0 2.5 3.0 3.5 4.0 Cuffed/Uncuffed Equipment Used: Direct Laryngoscope Video laryngoscope Bronchoscopy Other Blade Size: 00 0 1 Stylet Used: Yes No No Current Clinical Role: PGY-1 PGY-2 PGY-3 1st yr Neo Fellow 2nd yr Neo Fellow 3rd yr Neo Fellow NNP NICU Hospitalist Neo Attending Other Prior neonatal intubation experience: <10 attempts at intubation 10-40 attempts >40 attempts Was the attempt successful? Yes No If attempt was unsuccessful, what was reason? (Check all that apply) Cords not visualized Patient decompensation prior to intubation Cords visualized but ETT not able to be passed Suctioning needed Esophageal Intubation Equipment failure Other

*Definitions:

<u>Attempt</u>- Laryngoscope blade into and out of the mouth.