

# Emergency Department Airway CQI Form

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Form Filled Out

(Patient Sticker)  
Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
Age: \_\_\_\_\_

Attending: \_\_\_\_\_  
Resident: \_\_\_\_\_ (Specialty: \_\_\_\_\_)  
PGY: I II III IV V Attending

Trauma → Mechanism \_\_\_\_\_  
Injuries \_\_\_\_\_  
 Medical → Diagnosis \_\_\_\_\_

Was there a **FAILED** intubation attempt **PREHOSPITAL**?  Yes  No  
If **YES**, then:  NRB  BVM  LMA  Air-Q  King  Combitube  Cricothyrotomy  Esophageal Intubation

Did the patient **FAIL** BiPAP in the ED?  Yes  NA If **YES**, for how long? \_\_\_\_\_ min

### PREOX - AP OX

**PREOX Device(s):**  None  
 NRB Face Mask:  5L/min  10L/min  15L/min  >15L/min  Flush 70  Other \_\_\_\_\_  
 Nasal Cannula:  5L/min  10L/min  15L/min  >15L/min  Other \_\_\_\_\_  
 BVM (spontaneous):  5L/min  10L/min  15L/min  >15L/min  Flush 70  Other \_\_\_\_\_  
 BVM (assisted):  5L/min  10L/min  15L/min  >15L/min  Flush 70  Other \_\_\_\_\_  
 Optiflow or  Vapotherm:  40L/min  70 L/min  Other \_\_\_\_\_  
 BiPAP: IPAP \_\_\_\_\_ cm / EPAP \_\_\_\_\_ cm

**PREOX Position:**  Supine  
 Upright:  30 degrees  45 degrees  60 degrees  90 degrees

**PREOX Duration:**  1 min  2 min  3 min  4 min  5 min  >5 min  Estimated or  Timed

**PREOX Efficacy:** **BEFORE** PREOX: SpO<sub>2</sub> \_\_\_\_\_ %  
**AFTER** PREOX: SpO<sub>2</sub> \_\_\_\_\_ %  ETO<sub>2</sub> Measured ETO<sub>2</sub> Achieved \_\_\_\_\_ %

**AP OX Device:**  None  
 Nasal Cannula:  5L/min  10L/min  15L/min  >15L/min  Other \_\_\_\_\_  
 Optiflow or  Vapotherm:  40L/min  70 L/min  Other \_\_\_\_\_

Reason for Intubation (check <u>ONE</u> ):	Intubation Technique	Intubation Drugs Used
<input type="radio"/> Airway Protection	<input type="radio"/> RSI Cricoid Pressure: <input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Succinylcholine <input type="radio"/> Etomidate
<input type="radio"/> Hypoxemic (Type I) Resp Failure	<input type="radio"/> DSI	<input type="radio"/> Rocuronium <input type="radio"/> Ketamine
<input type="radio"/> Hypercarbic (Type II) Resp Failure	<input type="radio"/> Sedation Only ( <input type="radio"/> light <input type="radio"/> deep)	<input type="radio"/> Atropine <input type="radio"/> Propofol
<input type="radio"/> Patient Control	<input type="radio"/> Arrest/Near Arrest, <b>NO MEDS</b>	<input type="radio"/> Lidocaine
<input type="radio"/> Shock	<input type="radio"/> CRIC	<input type="radio"/> Other _____
<input type="radio"/> Cardiac Arrest ( <input type="radio"/> Active CPR)	<input type="radio"/> Sed/No Meds <input type="radio"/> Switch to RSI	<input type="radio"/> None

### Difficult Airway Factors

**A. Difficult Situational Factors** (check ALL that apply):  
 Patient Uncooperative  Right Equipment Not Available  Other \_\_\_\_\_  None

**B. Difficult Laryngoscopy/Intubation Factors** (check ALL that apply):  
 Cervical Collar or Immobility  Small Mandible  Short Neck  Blood in Airway  
 Facial/Neck Trauma  Obesity  Restricted Mouth Opening  Vomit in Airway  
 Airway Edema  Large Tongue  Other \_\_\_\_\_  None


**C. Difficult Physiologic Factors** (check ALL that apply):  
**SEVERE:**  Hypoxemia  Hemodynamic Instability  Metabolic Acidosis  RV Failure  Other \_\_\_\_\_  None

**D. Difficult Ventilation Factors** (Face Mask & Supraglottic Device) (check ALL that apply):  
 Beard  Poor Mask Seal  Obesity  Age >55  No Teeth  
 Stiff Lungs  Restricted Mouth Opening  Sleep Apnea  Disrupted Airway Anatomy  Other \_\_\_\_\_  None

**E. Difficult Surgical Airway Factors** (check ALL that apply):  
 Neck Surgery/Mass/Radiation  Obesity  Limited Neck Access  Distorted Laryngeal Anatomy  Other \_\_\_\_\_  None

### Pre-Intubation Difficult Airway Assessment

<b>A. Situational Difficulty:</b> <input type="radio"/> Easy <input type="radio"/> Challenging <input type="radio"/> Difficult	<b>D. Ventilation Difficulty:</b> <input type="radio"/> Easy <input type="radio"/> Challenging <input type="radio"/> Difficult
<b>B. Intubation Difficulty:</b> <input type="radio"/> Easy <input type="radio"/> Challenging <input type="radio"/> Difficult	<b>E. Surgical Airway Difficulty:</b> <input type="radio"/> Easy <input type="radio"/> Challenging <input type="radio"/> Difficult
<b>C. Physiologic Difficulty:</b> <input type="radio"/> Easy <input type="radio"/> Challenging <input type="radio"/> Difficult	<b>OVERALL DIFFICULTY:</b> <input type="radio"/> Easy <input type="radio"/> Challenging <input type="radio"/> Difficult

Over 

**Outcome**

← Lowest SpO<sub>2</sub> **DURING** Intubation: \_\_\_\_\_ % →

**Attempt #1**

Operator: \_\_\_\_\_  
Device: \_\_\_\_\_  
Blade Type/Size: \_\_\_\_\_  
Stylet:  Standard  GlideRite  None  
Bougie:  Yes  No ( Rescue/ Education)

**Outcome** (check **ONE**):

- SUCCESS**
- FAILED**
  - Reason for Failure:**
  - Esophageal Intubation
  - Can't See Cords
  - Can't Direct Tube
  - Tube Wouldn't Pass
  - Equipment Failure

**Adverse Events:**

- NONE**
- Desaturation (<90%)
- Hypotension (<90mm)
- Aspiration
- Dysrhythmia
- Dental Injury
- Laryngospasm
- Cuff Leak
- Extubation
- Mainstem
- Pneumothorax
- Cardiac Arrest
- Other \_\_\_\_\_

**Attempt #2**

Operator: \_\_\_\_\_  
Device: \_\_\_\_\_  
Blade Type/Size: \_\_\_\_\_  
Stylet:  Standard  GlideRite  None  
Bougie:  Yes  No ( Rescue/ Education)

**Outcome** (check **ONE**):

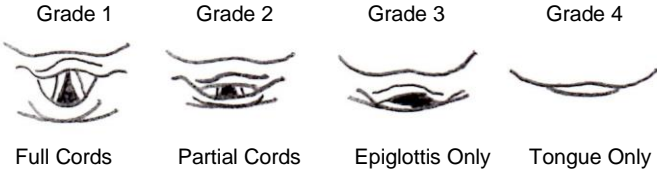
- SUCCESS**
- FAILED**
  - Reason for Failure:**
  - Esophageal Intubation
  - Can't See Cords
  - Can't Direct Tube
  - Tube Wouldn't Pass
  - Equipment Failure

**Adverse Events:**

- NONE**
- Desaturation (<90%)
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- Aspiration
- Dysrhythmia
- Dental Injury
- Laryngospasm
- Cuff Leak
- Extubation
- Mainstem
- Pneumothorax
- Cardiac Arrest
- Other \_\_\_\_\_

\*If more than 2 attempts use an additional form(s)

**Cormack-Lehane Grade of Laryngoscopic View**



DL View (Attempt #): _____	_____	_____	_____	ELM Used? <input type="radio"/> Y <input type="radio"/> N
VL View (Attempt #): _____	_____	_____	_____	

<b>Tube Delivery Score</b> <small>(DIRECTING the tube to the glottis)</small>	<b>Tube Advancement Score</b> <small>(ADVANCING the tube down the trachea)</small>	<b>Stylet Withdrawal?</b> <small>(to FACILITATE tube passage)</small>
<input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV	<input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV	<input type="radio"/> Yes <input type="radio"/> No
Very Easy    Somewhat Difficult    Moderately Difficult    Extremely Difficult	Very Easy    Somewhat Difficult    Moderately Difficult    Extremely Difficult	

**Video Laryngoscopy Section**

If using Standard Geometry VL blade (C-MAC MacMiller, GlideScope-MAC or McGrath-MAC):

**Used as DL Only**     **Used as VL Only**     **DL to VL Switch**     **VL to DL Switch**

Attempt# \_\_\_\_\_    Attempt# \_\_\_\_\_    Attempt# \_\_\_\_\_    Attempt# \_\_\_\_\_

<b>Lens Contamination</b> (secretions, vomit, blood) <ul style="list-style-type: none"><li><input type="radio"/> None</li><li><input type="radio"/> Mild (view minimally obscured)</li><li><input type="radio"/> Moderate (view partially obscured)</li><li><input type="radio"/> Severe (view completely obscured)</li></ul>	<b>Lens Fogging</b> (moisture) <ul style="list-style-type: none"><li><input type="radio"/> None</li><li><input type="radio"/> Mild</li><li><input type="radio"/> Moderate</li><li><input type="radio"/> Severe</li></ul>
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**Please provide any important comments regarding the intubation:**

\_\_\_\_\_

\_\_\_\_\_

BMI: \_\_\_\_\_

Weight: \_\_\_\_\_ kg