

**DO NOT SCAN!**  
***(Not for Patient Chart)***

**INTUBATION DATA COLLECTION FORM**

Please answer ALL of the following questions for successful and unsuccessful invasive airway attempts. You MUST attach a capnography tracing to this form.

1. Date of call: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
2.  Trauma       Medical
3. Age of Patient: \_\_\_\_\_years
4. Gender:  Male       Female
5. Reason for Intubation:     GCS<9       Respiratory Distress       Arrest       Other \_\_\_\_\_
6. Primary Method:       Orotracheal       Nasotracheal       Combitube/King LT
7. Number of times blade inserted:       1     2     3     > 3
8. Number of times attempted to pass ETT:       1     2     3     > 3
9. Intubation successful:       Yes     No
10. If No, Why?     Inadequate relaxation       Blood/vomit/secretions in airway       Cords not visualized
- Esophageal intubation     Other / explanation: \_\_\_\_\_
11. Adjunct/rescue method used:     BVM       Combitube/ King LT     Cricothyrotomy
12. Continuous capnography:
  - a. Good wave form  Yes  No (ATTACH CAPNOGRAPHY TRACING TO FORM)
  - b. ETCO2 reading post intubation: \_\_\_\_\_mm/Hg
  - c. ETCO2 reading on arrival to ED: \_\_\_\_\_mm/Hg
14. Verification of ET placement by MD/PA (circle one):     Good placement       Tube misplaced
15. Patient not transported or care not transferred (explain): \_\_\_\_\_
16. Name of verifying MD/PA (printed): \_\_\_\_\_Signature of verifying MD/PA: \_\_\_\_\_
17. Name of destination hospital:  YNHH     Yale Pediatrics     HSR     Yale SMC     Other \_\_\_\_\_
18. EMS Service Name: \_\_\_\_\_
19. Name of EMS Provider (Print): \_\_\_\_\_State License #: \_\_\_\_\_

**PLACE THIS FORM WITH A COPY OF THE PCR AND CAPNOGRAPHY IN THE LOCKED BOX AT THE DESTINATION HOSPITAL OR RETURN TO YOUR EMS COORDINATOR.**

*This material is confidential and is utilized as defined in Connecticut State Statue 19-17b Section (4) for evaluating and improving the quality and health care rendered.*