

EXHIBIT B. FORM FOR EMT DOCUMENTATION OF RSI

Incident Number	Date	Agency	Unit																									
Medic 1	Medic 2	Medic 3																										
Call Type	Patient Age	Patient Sex	Patient Weight																									
INDICATIONS/CONTRAINDICATIONS FOR RSI																												
Respiratory Failure Y <input type="checkbox"/> N <input type="checkbox"/>		Loss of Gag/Protective Airway Reflex Y <input type="checkbox"/> N <input type="checkbox"/>																										
Glasgow Coma Scale Score < 8 Y <input type="checkbox"/> N <input type="checkbox"/> GCS Score: _____		Severe Head Trauma Y <input type="checkbox"/> N <input type="checkbox"/>																										
Combative Patient Y <input type="checkbox"/> N <input type="checkbox"/>		Spinal Cord Injury Y <input type="checkbox"/> N <input type="checkbox"/>																										
Facial and Airway Burns Y <input type="checkbox"/> N <input type="checkbox"/>		Asthma or Respiratory Illness Y <input type="checkbox"/> N <input type="checkbox"/>																										
Absolute Contraindications Present Y <input type="checkbox"/> N <input type="checkbox"/> If Yes, Explain:		Relative Contraindications Present Y <input type="checkbox"/> N <input type="checkbox"/> If Yes, Explain:																										
PROCEDURAL DATA																												
Was Prehospital Intubation successful? <input type="checkbox"/> Yes <input type="checkbox"/> No IF No; Intubation by <input type="checkbox"/> ED <input type="checkbox"/> Flight Crew <input type="checkbox"/> Other (Specify) _____																												
<p>Definition of an “Attempt”: For oral route, each insertion of the blade is one attempt. For nasal route, each pass of the tube past nares is one attempt</p> <p>Definition of “Placement”: For all methods, passage of a tube is considered a “placement”.</p> <p>Total # attempts includes total attempts by all Prehospital Care providers involved.</p> <p>Provide information for each invasive attempt.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Intubation Method</th> <th style="width:20%;">Provider Performing Intubation</th> <th style="width:15%;">Number of attempts</th> <th colspan="2" style="width:25%;">Successful? Y/N</th> </tr> </thead> <tbody> <tr> <td>OTI; NTI; COMBITUBE; KING; Surg/Needle cric</td> <td></td> <td></td> <td align="center">Yes</td> <td align="center">No</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Intubation Method	Provider Performing Intubation	Number of attempts	Successful? Y/N		OTI; NTI; COMBITUBE; KING; Surg/Needle cric			Yes	No															
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OTI; NTI; COMBITUBE; KING; Surg/Needle cric			Yes	No																								
ET Tube Placement Confirmed By: Continuous In-Line CO ₂ Monitoring Y <input type="checkbox"/> N <input type="checkbox"/> Continuous Pulse Oximetry Y <input type="checkbox"/> N <input type="checkbox"/> Bilateral Breath Sounds Y <input type="checkbox"/> N <input type="checkbox"/> Negative Epigastric Sounds Y <input type="checkbox"/> N <input type="checkbox"/> Intubation Detector Bulb Y <input type="checkbox"/> N <input type="checkbox"/> Visualization of Tube Y <input type="checkbox"/> N <input type="checkbox"/>		Alternative Airway Equipment Used Y <input type="checkbox"/> N <input type="checkbox"/> If Yes, Explain:																										
Critical Complications encountered during airway management (check all that apply)		Surgical Cricothyrotomy Performed Y <input type="checkbox"/> N <input type="checkbox"/>																										
<input type="checkbox"/> Failed intubation effort <input type="checkbox"/> Injury/trauma to patient from attempt(s) <input type="checkbox"/> Esophageal intubation- delayed detection (after primary confirmation) <input type="checkbox"/> Esophageal intubation detected in ED <input type="checkbox"/> Tube dislodged during transport/patient care <input type="checkbox"/> Emesis <input type="checkbox"/> Cardiac arrest during placement of advanced airway device <input type="checkbox"/> Right main stem intubation- unrecognized in the field <input type="checkbox"/> O2 desaturation <input type="checkbox"/> Other: _____		If ANY intubation attempts FAILED, indicate suspected reasons for EVERY failed attempt(s) (check all that apply) <input type="checkbox"/> Inadequate pt relaxation <input type="checkbox"/> Inadequate visualization of airway structures <input type="checkbox"/> Orofacial trauma <input type="checkbox"/> Secretions/blood/vomit <input type="checkbox"/> Inadequate access to pt. <input type="checkbox"/> ETI attempted but arrived at ED before accomplished <input type="checkbox"/> In line c-spine stabilization <input type="checkbox"/> Equipment failure <input type="checkbox"/> Other: _____																										

