



Maine EMS Airway Management Data Form

Date of service: _____

Patient Age: _____

EMS Service: _____

EMS Service Number: _____

MEMS Report #: _____

Provider License Number: _____

Case Type: (Circle One) Medical / Trauma

Mechanism of Injury/Nature of Illness, Case Description:

Basic Life Support Airway Management

Advanced Life Support Airway Management

Please check all that apply

O2

Rescue breathing

Oral airway use

Nasal airway use

Suction

BVM one person

BVM two person

Please check all that apply

Door to secured airway time _____

Unable to intubate. Reason: _____

Intubation successful? Yes No

Nasal tracheal intubation

Oral tracheal intubation

Number of attempts: _____ (defined as attempt to pass tube through the cords)

Size of endotracheal tube used _____

Device(s) used for ET confirmation:

EDD Colorimetric Device End-tidal CO2

Intubation facilitated with tube changer, bougie, intubating stylete, or digital intubation (circle one)

LMA Used Size of LMA _____

Combitube Used

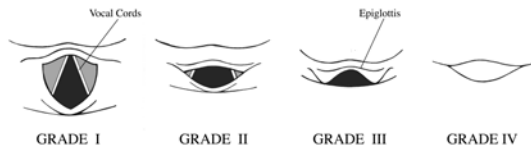
Was surgical intervention necessary?
No Yes If yes: Needle or Surgical (circle one)

Intubation confirmed by receiving ED physician?
Yes No

Name of physician _____

Hospital destination _____

Percentage of Glottis Opening (POGO)



Please circle the illustration closest to what was observed.

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