

Form Preview

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Note: This is a simple form preview. This form may display differently when added to your page based on inheritance from individual theme styles.

Advanced Airway Follow Up - Copy 1

This form is to be utilized when your EMS agency has a patient care report outlining the placement of an advanced airway.

Agency & Reporting Information

EMS Agency's Name

The name of the agency for which information is being reported.

EMS Agency's Home Region

This is the region to which the agency belongs.

Reviewer's Name

This is the name of the person who is submitting information on behalf of the EMS agency.

First

Last

Reviewer's Email Address

This is the Email of the person who is submitting information on behalf of the EMS agency.


Enter Email

Confirm Email

Patient Care Report Information

Run Number

This is your service specific run report number for this patient care report.

Date of Service **Patient's Age****Patient's Gender****Was the patient's weight documented in the report?****Was the patient's height documented in the report?****Was there more than one set of vital signs recorded in the patient care report?****Were vital signs obtained and recorded every 5 minutes for the duration of the call?**

If there were extenuating circumstances and a valid reason documented in the patient care report outlining that vital signs could not be obtained, please select "yes".

What type of Call was this?**What was the reason for airway management?****General Airway Management Information**

What was the primary airway management strategy?**What was the secondary airway management strategy?****What was the tertiary airway management strategy?**

What was the quaternary airway management strategy?**Bag-Valve Mask Ventilations**

With the use of bag-valve mask ventilations, was compliance with ventilations documented?

Appropriate documentation of the effectiveness and compliance of bag-valve mask ventilation requires documentation of a good face mask seal and chest rise, but can also include information of compliance with ventilations and outward signs of improved oxygenation.

Advanced Airway Management Information

With the placement of an advanced airway, did the patient experience an episode of hypoxia before or after advanced airway placement?

Utilizing the SpO2 information it can be estimated if the patient had a hypoxic event during airway management.

Was capnography utilized and documented as outlined in the Maine EMS protocols?**Was the advanced airway reassessed with each patient move, and on arrival to the emergency department?****If there was a failed attempt at placing an advanced airway, did the report outline what was changed with further attempts?****Was the advanced airway placement verified by the receiving provider and documented in the patient care report?****Reviewer Comment & Information**

As the reviewer of this report, did you feel that airway management and supporting documentation was adequate and appropriate?

Reviewer Comments:

As the reviewer if there is any further information you would like to submit, please enter it here.