

DEM Trauma Airway QA - Confidential: Protected By PA Peer Review

MR# _____ Pt Initials _____ Date _____

Universal Precautions (Circle)

Resident:	Mask	Eye Protect	Boots	Gloves	Gown
Attending:	Mask	Eye Protect	Boots	Gloves	Gown

Airway On Arrival: Nasal Trump. Oral Airway O2 BMV Combitube ETT

Procedure: OTI Nasal Int Combitube LMA Other _____

Indication(s): ↓ LOC Hypoxia Other _____

VS (just prior to procedure): O2 Sat _____ RR _____ BP _____ HR _____

Preoxygenate: PTA BVM Deferred **Pt Weight** ~ _____ KG

C/S Stabilized: In Line Collar N/A **Cricoid Pressure:** Y / N

Tube Size: 6.5 7.0 7.5 8.0 8.5 Other _____

Meds/Dose:	<u>Premed</u>	Dose	<u>Sedation</u>	Dose	<u>Paralytic</u>	Dose
None			None		None	
Lidocaine	_____		Atomidate	_____	Sux	_____
Atropine	_____		Thiopental	_____	Roc	_____
Vec	_____		Fentanyl	_____	Other	_____
Other	_____		Versed	_____		_____
	_____		Other	_____		_____

Attempts:

Resident	1	2	3	
Second Operator	1	2	3	Who? _____
Third Operator	1	2	3	Who? _____

Estimated Time (From First Attempt To Secure Airway) _____

Confirmed? Auscultate Direct Vis CO2 Detect Bulb Other _____

Complications?/Comments/Other procedures: _____

_____ (over as needed)

Names/Signatures: Attending _____ Resident _____

**NOT PART OF THE MEDICAL RECORD
IF FOUND, PLEASE RETURN TO MIKE TRIMMER**
