

Physician

Pre-Intervention Data Collection Form

Intubation Planning

- 1) 1^o reason for PICU admission: Upper respiratory disease Lower respiratory disease
 Cardiac (medical) Cardiac (surgical)
 Shock/sepsis Neurological
 Trauma Other: _____
- 2) 1^o indication for intubation: Oxygenation failure Ventilation failure
 Therapeutic hyperventilation Neuromuscular weakness
 Impaired airway reflex Upper airway obstruction
 Hemodynamic instability Elective procedure
 Pulmonary toilet Other: _____
- 3) Urgency of intubation: Intubation without delay
 Intubation within 1 hour
 Intubation >1 hour
- 4) Features associated with difficult airway (check all that apply)? None Midface hypoplasia
 Limited mouth opening Small thyromental space
 Limited neck extension Other: _____
 Upper airway obstruction
- 5) Intubating provider(s):
- | | | |
|--|--|--|
| <p>Provider #1
<u>Level of training:</u>
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow
<input type="checkbox"/> Attending <input type="checkbox"/> NP
<input type="checkbox"/> Med student</p> <p><u>Discipline:</u>
<input type="checkbox"/> Peds <input type="checkbox"/> Anes
<input type="checkbox"/> Ped/Anes <input type="checkbox"/> ED</p> <p><u>Prior successful intubations:</u>
<input type="checkbox"/> None <input type="checkbox"/> 1-5
<input type="checkbox"/> 6-10 <input type="checkbox"/> 11-39
<input type="checkbox"/> 40+</p> | <p>Provider #2 (if applicable)
<u>Level of training:</u>
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow
<input type="checkbox"/> Attending <input type="checkbox"/> NP
<input type="checkbox"/> Med student</p> <p><u>Discipline:</u>
<input type="checkbox"/> Peds <input type="checkbox"/> Anes
<input type="checkbox"/> Ped/Anes <input type="checkbox"/> ED</p> <p><u>Prior successful intubations:</u>
<input type="checkbox"/> None <input type="checkbox"/> 1-5
<input type="checkbox"/> 6-10 <input type="checkbox"/> 11-39
<input type="checkbox"/> 40+</p> | <p>Provider #3 (if applicable)
<u>Level of training:</u>
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow
<input type="checkbox"/> Attending <input type="checkbox"/> NP
<input type="checkbox"/> Med student</p> <p><u>Discipline:</u>
<input type="checkbox"/> Peds <input type="checkbox"/> Anes
<input type="checkbox"/> Ped/Anes <input type="checkbox"/> ED</p> <p><u>Prior successful intubations:</u>
<input type="checkbox"/> None <input type="checkbox"/> 1-5
<input type="checkbox"/> 6-10 <input type="checkbox"/> 11-39
<input type="checkbox"/> 40+</p> |
|--|--|--|

Intubation Event

- 1) Time of intubation: Date: _____ Time: _____
- 2) Route of intubation: Oral Nasal
- 3) How many times was intubation attempted* by each provider?
*Attempt: A single advanced airway maneuver (e.g., beginning with insertion of laryngoscope into patient's mouth and ending when scope is removed).
- Provider #1: _____ | Provider #2 (if applicable): _____ | Provider #3 (if applicable): _____
- 4) Which provider successfully placed the endotracheal tube? Provider #1
 Provider #2
 Provider #3
- 5) How was intubation confirmed (check all that apply)? Direct visualization of ETT passing through vocal cords
 Chest rise
 Auscultation
 ET/CO₂ detection
 CXR



Reducing Tracheal Intubation Associated Events in the PICU
Quality Improvement Project

6) a. Were there any desaturations*? Yes No

*Desaturation: SpO2 < 90% (in nonmixing patients) or drop in SpO2 > 10% below baseline SpO2 (in mixing patients).

b. If so, how many? _____

7) Was there bradycardia*? Yes No

*Bradycardia: Drop in heart rate > 20% below baseline heart rate.

8) Was a timeout performed with all team members present and attentive? Yes No

9) a. Were there any immediate complications that occurred with intubation? Yes No

b. If yes, please check all that apply:

Severe Complications

- Cardiac arrest requiring > 1 minute of chest compressions*
- Esophageal intubation with delayed recognition leading to deterioration in patient condition*
- Hypotension (drop of MAP > 20% below goal) requiring Intervention*
- Emesis with aspiration
- Laryngospasm*
- Malignant hypertension*
- Pneumothorax or pneumomediastinum
- Dental or gum trauma
- Direct airway injury

Non-Severe Complications

- Mainstem bronchial intubation
- Esophageal intubation with immediate recognition
- Hypertension requiring intervention*
- Emesis without aspiration
- Epistaxis
- Lip trauma
- Medication error
- Bradycardia*
- Other dysrhythmia*
- Pain or agitation requiring additional medications and delaying intubation

*If any equipment or medications were used to correct the above complications, please indicate this on questions 4 and 5 below.

Process Improvement

1) a. Were you aware of the entire intubation plan before the start of the procedure? Yes No

b. On a scale of 1-10, did you feel well-informed about the intubation plan? _____

1 = Not well informed, 5 = Fairly informed with room for improvement, 10 = Very well informed, comfortable with plan

2) a. Do you think the intubation process could have gone more smoothly? Yes No

b. On a scale of 1-10, how smoothly do you think the intubation process went? _____

*Please consider the pre/post-intubation periods as well as the time during which intubation was occurring.

1 = Not smoothly at all, 5 = Fairly smoothly with room for improvement, 10 = Very smoothly, no improvements necessary

3) Were the criteria to intubate discussed prior to intubation? Yes No

4) Was any additional *equipment* required during the intubation that was not present at the bedside prior to starting intubation? If so, what? Yes _____
 No

5) Were any additional *medications* required during the intubation that were not present at the bedside prior to starting intubation? If so, which? Yes _____
 No

6) Other comments about the intubation process: _____

Please place patient label here (or provide MRN).