

## Respiratory Therapist Pre-Intervention Data Collection Form

### RT Experience

- 1) RT experience:       <1 year       1-3 years       4-10 years       >10 years
- 2) PICU experience:       <1 year       1-3 years       4-10 years       >10 years
- 3) JHH PICU experience:       <1 year       1-3 years       4-10 years       >10 years

### Intubation Event

- 1) a. Was optimal positioning of the patient discussed prior to intubation?       Yes       No
- b. Was optimal positioning of the patient achieved during intubation?       Yes       No
- c. Was it necessary to reposition the patient after the start of intubation?       Yes       No

### Process Improvement

- 1) a. Was all of the respiratory equipment checked prior to intubation?       Yes       No
- b. Was all necessary respiratory equipment at the bedside prior to intubation?       Yes       No

- 2) a. Was the patient pre-oxygenated using a tightly sealed face mask?       Yes       No
- b. If so, for approximately how long? \_\_\_\_\_

- 3) 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

- 4) 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

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

- 6) Other comments about the intubation process: \_\_\_\_\_

Please place patient label here (or provide MRN).