

Physician

Pre-Intervention Data Collection Form

Intubation Planning

- 1) 1st reason for PICU admission:
- | | |
|--|--|
| <input type="checkbox"/> Upper respiratory disease | <input type="checkbox"/> Lower respiratory disease |
| <input type="checkbox"/> Cardiac (medical) | <input type="checkbox"/> Cardiac (surgical) |
| <input type="checkbox"/> Shock/sepsis | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Other: _____ |
- 2) 1st indication for intubation:
- | | |
|---|---|
| <input type="checkbox"/> Oxygenation failure | <input type="checkbox"/> Ventilation failure |
| <input type="checkbox"/> Therapeutic hyperventilation | <input type="checkbox"/> Neuromuscular weakness |
| <input type="checkbox"/> Impaired airway reflex | <input type="checkbox"/> Upper airway obstruction |
| <input type="checkbox"/> Hemodynamic instability | <input type="checkbox"/> Elective procedure |
| <input type="checkbox"/> Pulmonary toilet | <input type="checkbox"/> 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)?
- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Midface hypoplasia |
| <input type="checkbox"/> Limited mouth opening | <input type="checkbox"/> Small thyromental space |
| <input type="checkbox"/> Limited neck extension | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Upper airway obstruction | |
- 5) Intubating provider(s):
- | | | |
|--|--|--|
| 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

<u>Discipline:</u>
<input type="checkbox"/> Peds <input type="checkbox"/> Anes
<input type="checkbox"/> Ped/Anes <input type="checkbox"/> ED

<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+ | 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

<u>Discipline:</u>
<input type="checkbox"/> Peds <input type="checkbox"/> Anes
<input type="checkbox"/> Ped/Anes <input type="checkbox"/> ED

<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+ | 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

<u>Discipline:</u>
<input type="checkbox"/> Peds <input type="checkbox"/> Anes
<input type="checkbox"/> Ped/Anes <input type="checkbox"/> ED

<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+ |
|--|--|--|

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
☐ ETCO2 detection
☐ CXR

OVER

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).