

## Bedside Nurse

### Pre-Intervention Data Collection Form

#### Nursing Experience

- |                         |                                  |                                    |                                     |                                    |
|-------------------------|----------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| 1) Nursing experience:  | <input type="checkbox"/> <1 year | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 4-10 years | <input type="checkbox"/> >10 years |
| 2) PICU experience:     | <input type="checkbox"/> <1 year | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 4-10 years | <input type="checkbox"/> >10 years |
| 3) JHH PICU experience: | <input type="checkbox"/> <1 year | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 4-10 years | <input type="checkbox"/> >10 years |

#### Patient Information

- |   |                              |                             |                                  |
|---|------------------------------|-----------------------------|----------------------------------|
| 1) Is this patient a known difficult airway?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 2) Is this patient a documented difficult airway in Epic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A     |

#### Intubation Event

- 1) What medications were administered during the intubation process?

<input type="checkbox"/> Atropine	<input type="checkbox"/> Dexmedetomidine	<input type="checkbox"/> Etomidate	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Glycopyrrolate	<input type="checkbox"/> Ketamine
<input type="checkbox"/> Lidocaine	<input type="checkbox"/> Midazolam	<input type="checkbox"/> Propofol	<input type="checkbox"/> Rocuronium	<input type="checkbox"/> Succinylcholine	<input type="checkbox"/> Vecuronium

☐ Other(s): \_\_\_\_\_

#### 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) a. Was any additional *equipment* required during the intubation that was not present at the bedside prior to intubation? ☐ Yes ☐ No

b. If so, what equipment? \_\_\_\_\_

- 5) a. Were any additional *medications* required during the intubation that were not present at the bedside prior to intubation? ☐ Yes ☐ No

b. If so, which medicines? \_\_\_\_\_

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

Please place patient label here (or provide MRN).

May also use back of page  
(just indicate with arrow).

