

Respiratory Therapist

Pre-Intervention Data Collection Form

RT Experience

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|-------------------------|----------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| 1) RT 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 |

Intubation Event

- | | | |
|--|------------------------------|-----------------------------|
| 1) a. Was optimal positioning of the patient discussed prior to intubation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Was optimal positioning of the patient achieved during intubation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Was it necessary to reposition the patient after the start of intubation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Process Improvement

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| 1) a. Was all of the respiratory equipment checked prior to intubation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Was all necessary respiratory equipment at the bedside prior to intubation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| 2) a. Was the patient pre-oxygenated using a tightly sealed face mask? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. If so, for approximately how long? _____ | | |

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|---|------------------------------|-----------------------------|
| 3) a. Were you aware of the entire intubation plan before the start of the procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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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

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| 4) a. Do you think the intubation process could have gone more smoothly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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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

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| 5) Were the criteria to intubate discussed prior to intubation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

- 6) Other comments about the intubation process: _____

Please place patient label here (or provide MRN).