

Bedside Nurse

Pre-Intervention Data Collection Form

Nursing Experience

- 1) **Nursing 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

Patient Information

- 1) **Is this patient a known difficult airway?** Yes No Unknown
- 2) **Is this patient a documented difficult airway in Epic?** Yes No N/A

Intubation Event

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

Atropine Dexmedetomidine Etomidate Fentanyl Glycopyrrolate Ketamine
 Lidocaine Midazolam Propofol Rocuronium Succinylcholine 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).

