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## Demographics

What job title best describes you?

- Registered Nurse
- Respiratory Therapist
- Family Practice Physician
- Emergency Medicine Physician
- Critical Care Physician
- Other (please specify)

Which hospital(s) do you currently work for? Select all that apply.

- 100 Mile District General Hospital
- Clearwater, Dr. Helmcken Memorial Hospital
- Cranbrook, East Kootenay Regional Hospital
- Creston Valley Hospital
- Fernie, Elk Valley Hospital
- Golden & District General Hospital
- Grand Forks, Boundary Hospital
- Invermere & District Hospital
- Kamloops, Royal Inland Hospital
- Kelowna General Hospital
- Lillooet Hospital
- Merritt, Nicola Valley Health Center
- Nakusp, Arrow Lakes Hospital
- Nelson, Kootenay Lake Hospital
- Oliver, South Okanagan General Hospital
- Penticton Regional Hospital
- Princeton General Hospital
- Revelstoke, Queen Victoria Hospital
- Salmon Arm, Shuswap Lake General Hospital
- Trail, Kootenay Boundary Regional Hospital
- Vernon Jubilee Hospital
- Williams Lake, Cariboo Memorial Hospital
- Other (please specify)

## Intubation Procedure

For this survey, **room types** are characterized by department and/or room style, and ventilation setting. For example, Emergency/Trauma/Positive Pressure refers to a room in the emergency department, with a trauma room style, and positive pressure ventilation. ICU/Negative Pressure refers to a room in the ICU with negative pressure ventilation. General/Ward/Positive Pressure refers to a general ward room with positive pressure ventilation, and so on.

**At the hospital(s) you currently work, what room types have you performed or assisted with endotracheal intubation in? Select all that apply.**

Positive pressure refers to a regular room ventilation setting.

- Emergency/Trauma/Positive Pressure
- Emergency/Trauma/Negative Pressure
- ICU/Positive Pressure
- ICU/Negative Pressure
- General/Ward/Positive Pressure
- General/Ward/Negative Pressure
- None of the above

**About what percentage of intubations that you performed or assisted with occurred in the room types listed below?**

If you have only performed or assisted with intubation in one type of room, simply put 100 in the supplied box.

Emergency/Trauma/Positive Pressure	<input type="text" value="0"/>
Emergency/Trauma/Negative Pressure	<input type="text" value="0"/>
ICU/Positive Pressure	<input type="text" value="0"/>
ICU/Negative Pressure	<input type="text" value="0"/>
General/Ward/Positive Pressure	<input type="text" value="0"/>
General/Ward/Negative Pressure	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

On a scale of 1-7, how crowded with large equipment (cabinets, desks, etc.) is each room type listed below.

1	3	5	7
<u>Very Spacious:</u> -Little to no large pieces of equipment. -The equipment that is present is well spaced out and organized. -People walking inside the room have plenty of room to distance from others.	<u>Spacious:</u> -Some pieces of large equipment. -The equipment is well spaced out and organized. -People walking inside the room have some room to distance from others.	<u>Congested:</u> -Full of pieces of large equipment. -Equipment is more densely packed. -People can walk through/around the room, but distancing is difficult due to limited walking paths available.	<u>Very Congested:</u> -Packed with of pieces of large equipment. -No additional equipment could fit in the room. -Walking through/around the room without bumping into something or someone is difficult.

Please enter a whole number in each available box. 2, 4 and 6 are acceptable answers if your rating falls between the described categories.

	Score
Emergency/Trauma/Positive Pressure	<input type="text"/>
Emergency/Trauma/Negative Pressure	<input type="text"/>
ICU/Positive Pressure	<input type="text"/>
ICU/Negative Pressure	<input type="text"/>
General/Ward/Positive Pressure	<input type="text"/>
General/Ward/Negative Pressure	<input type="text"/>

Please review the generalized intubation steps below:

1. Equipment check, patient positioning, and other intubation preparation

- ensure all tools/equipment needed are present.
- ensure the patient is in an optimal position.
- medication drawn up by nurses.
- patients may use a respiratory support system at this stage.

2. Pre-oxygenation

- low flow supplemental oxygen, high flow supplemental oxygen, non-invasive positive pressure ventilation, or other used to increase patient oxygen levels.

3. Drugs administered to make the patient unconscious and lose respiratory drive

4. Laryngoscopy + intubation

5. Confirm successful placement of endotracheal tube

- auscultation, end tidal CO<sub>2</sub>, misting in the tube, etc.

6. Ventilator attachment and post intubation care

- patient's endotracheal tube attached to mechanical ventilator.
- hanging medication infusions, portable chest x-ray, tubing and/or ventilator setting adjustments, etc.

Does the time required for each intubation step above vary considerably depending on which type of hospital room the procedure is taking place? (For example, does step 1 take longer in an Emergency/Trauma/Positive Pressure room vs. an ICU/Positive Pressure room?)

- Yes
- No
- Not sure, I've only performed/assisted with intubation in one room type

When intubation occurs in the room types listed below, what is the average duration of each step in minutes?

Intubation steps:

1. Equipment check, patient positioning, and other intubation preparation
2. Pre-oxygenation
3. Drugs administered to make the patient unconscious and lose respiratory drive
4. Laryngoscopy + intubation
5. Confirm successful placement of endotracheal tube
6. Ventilator attachment and post intubation care

Assume only 1 intubation attempt is needed during step 4. It is understood that time requirements may vary, but please answer to reflect a general case.

Please enter a single number in each available box. Answers may contain up to 1 decimal place.

	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Emergency/Trauma/Positive Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency/Trauma/Negative Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICU/Positive Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICU/Negative Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General/Ward/Positive Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General/Ward/Negative Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What is the average duration of each intubation step in minutes?

Intubation steps:

1. Equipment check, patient positioning, and other intubation preparation
2. Pre-oxygenation
3. Drugs administered to make the patient unconscious and lose respiratory drive
4. Laryngoscopy + intubation
5. Confirm successful placement of endotracheal tube
6. Ventilator attachment and post intubation care

Assume only 1 intubation attempt is needed during step 4. It is understood that time requirements may vary, but please answer to reflect a general case.



When intubation occurs in the room types listed below, how many healthcare workers are walking within the room (to and from cabinets, around the patient bed etc.) during each step?

For example, let's say you said 6 people were in the room during intubation step 1 in the previous question. If 4 of those 6 people are walking, enter 4 in the appropriate box. If all 6 people are stationary during step 1, enter 0 in the appropriate box. Please enter a whole number in each available box.

Intubation steps:

1. Equipment check, patient positioning, and other intubation preparation
2. Pre-oxygenation
3. Drugs administered to make the patient unconscious and lose respiratory drive
4. Laryngoscopy + intubation
5. Confirm successful placement of endotracheal tube
6. Ventilator attachment and post intubation care

	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Emergency/Trauma/Positive Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency/Trauma/Negative Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICU/Positive Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICU/Negative Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General/Ward/Positive Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General/Ward/Negative Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

When intubation occurs in the room types listed below, what is the typical acuity level and need for intervention rated from 1-5?

1	3	5
<u>Low:</u> - Acuity and need for intervention is relatively low. Lots of preparation time available.	<u>Moderate:</u> -The situation is urgent. Low preparation time.	<u>High:</u> -Highest urgency level. Little to no preparation time.

Please enter a whole number in each available box. 2 and 4 are acceptable answers if your rating falls between the listed categories.

	Score
Emergency/Trauma/Positive Pressure	<input type="text"/>
Emergency/Trauma/Negative Pressure	<input type="text"/>
ICU/Positive Pressure	<input type="text"/>
ICU/Negative Pressure	<input type="text"/>
General/Ward/Positive Pressure	<input type="text"/>

Score

General/Ward/Negative Pressure

When intubation occurs in the room types listed below, what healthcare worker walking speed (rated from 1-7) is typical for each intubation step?

Intubation steps:

1. Equipment check, patient positioning, and other intubation preparation
2. Pre-oxygenation
3. Drugs administered to make the patient unconscious and lose respiratory drive
4. Laryngoscopy + intubation
5. Confirm successful placement of endotracheal tube
6. Ventilator attachment and post intubation care

1	3	5	7
<u>Very low speed:</u> - Nobody walks through/around the room.	<u>Low speed:</u> - Movement speed is low, no more than a casual stroll.	<u>High speed:</u> - Movement speed is somewhat faster, but still a walk.	<u>Very High speed:</u> -Movement speed is approaching more of run/jog.

Please enter a whole number in each available box. 2, 4, and 6 are acceptable answers if your rating falls between the listed categories.

	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Emergency/Trauma/Positive Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency/Trauma/Negative Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICU/Positive Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICU/Negative Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General/Ward/Positive Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General/Ward/Negative Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In your experience, during roughly what percentage of cases are the respiratory support systems listed below in use during each intubation step?

Example Answer:

	Intubation Step 1
Low flow supplemental oxygen	50
High flow supplemental oxygen	20
CPAP/BiPAP	10
Bag-valve-mask	0
No support system	20
Other	0
<b>Total</b>	<b>100</b>

In the above example, the participant indicated that during intubation step 1 low flow supplemental oxygen was in use 50% of the time, high flow supplemental oxygen was in use 20% of the time, and so on.

If during some cases more than one of the listed respiratory support systems are in use, please include this percentage in the "Other" rating box.

Intubation steps:

1. Equipment check, patient positioning, and other intubation preparation
2. Pre-oxygenation
3. Drugs administered to make the patient unconscious and lose respiratory drive
4. Laryngoscopy + intubation
5. Confirm successful placement of endotracheal tube

In your experience, during roughly what percentage of cases are the respiratory support systems listed below in use during each intubation step?

	Step 1	Step 2	Step 3	Step 4	Step 5
Low flow supplemental oxygen (<15 L/min)	0	0	0	0	0
High flow supplemental oxygen	0	0	0	0	0
CPAP/BiPAP	0	0	0	0	0
Bag-valve-mask	0	0	0	0	0
No support system	0	0	0	0	0
Other	0	0	0	0	0
#Conjoint, Total#	0	0	0	0	0



If you set "other" to non-zero in the previous question, please specify which respiratory support system(s) you are referring to, and if support systems are used in combination.

There are no more survey questions. Use the back arrows on the bottom of your screen to review your answers if you'd like. Please leave any comments/concerns in the text box below. **Proceeding from this page will submit your survey responses** and you will be directed to the optional gift card incentive link.