

AIRWAY TEAM RECORD

TEAM		SETTING
Intubator		Location: <input type="checkbox"/> Ward <input type="checkbox"/> ICU <input type="checkbox"/> Emergency Dept <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: _____
RT		Timing: <input type="checkbox"/> Elective <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent
RN		<input type="checkbox"/> Checklist Reviewed <input type="checkbox"/> Negative Pressure Room <input type="checkbox"/> Y <input type="checkbox"/> N
Safety Officer		PPE Used:
MRP		<input type="checkbox"/> Eye Protection <input type="checkbox"/> Neck Protection <input type="checkbox"/> N95 Mask <input type="checkbox"/> Bonnet <input type="checkbox"/> Surgical Gown <input type="checkbox"/> Double Gloved
Date (yy/mm/dd):		
Start Time:	End Time:	

PATIENT DATA	
Age: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Comorbidities: <input type="checkbox"/> Hypertension <input type="checkbox"/> T2DM <input type="checkbox"/> CAD <input type="checkbox"/> Smoker <input type="checkbox"/> Renal Insufficiency <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Other: _____
Ht (cm): _____ Wt(kg): _____ BMI: _____	Indication: <input type="checkbox"/> Resp Failure <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Hemodynamic Instability <input type="checkbox"/> Decreased LOC <input type="checkbox"/> Other: _____
Allergies: _____	
Vitals on arrival: HR _____ BP _____ RR _____ SpO2 _____ FiO2 _____	
COVID Statuses: <input type="checkbox"/> +ve <input type="checkbox"/> -ve <input type="checkbox"/> Suspected <input type="checkbox"/> N/A	

PROCEDURE	
Preoxygenation: <input type="checkbox"/> Face Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Non-Rebreather <input type="checkbox"/> Ambu-Bag	Intubation: <input type="checkbox"/> Easy <input type="checkbox"/> Awkward <input type="checkbox"/> Difficult
Induction: <input type="checkbox"/> Intravenous <input type="checkbox"/> RSI <input type="checkbox"/> Cricoid Pressure	BMV: <input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Easy <input type="checkbox"/> Difficult
Vascular Access: <input type="checkbox"/> IV: _____ <input type="checkbox"/> CVC: _____ <input type="checkbox"/> Arterial Line: _____	Oral Airway _____ Nasal Airway _____ <input type="checkbox"/> DL <input type="checkbox"/> VL Blade <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____ <input type="checkbox"/> FOB Intubating LMA <input type="checkbox"/> LMA# _____ <input type="checkbox"/> Bougie
Induction Drugs: 1. _____ mg 2. _____ mg 3. _____ mg 4. _____ mg	FONA: <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Cricothyroidotomy View (Grade): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Number of Attempts: _____ <input type="checkbox"/> Atraumatic
	ETT Size: _____ Depth _____ cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuffed ETT Confirmation: <input type="checkbox"/> Auscultation <input type="checkbox"/> etCO2 ETT Secured: <input type="checkbox"/> Taped <input type="checkbox"/> AnchorFast

TRANSFER	
Disposition: <input type="checkbox"/> Emergency Department <input type="checkbox"/> ICU <input type="checkbox"/> PACU <input type="checkbox"/> Other: _____	Receiving MRP: _____
Ventilation: <input type="checkbox"/> Manual <input type="checkbox"/> Ventilator	Vitals: HR _____ BP _____ RR _____ SpO2 _____ FiO2 _____
Sedation: _____	

COMMENTS

