State of Colorado

Colorado Department of Public Health and Environment

Emergency Medical and Trauma Services

Pediatric Airway Management and RSI Case Report

Version 2013.1

Colorado Department of Public Health and Environment

The Colorado EMS - RSI Case Report Form must be completed and submitted within 7 days after any RSI procedure is performed

Date of Procedure (MM/DD/YYYY):

EMS Agency: Medical Director:

ALS Provider 1 Last Name: First Name State ID #

ALS Provider 2 Last Name: First Name State ID #

Record #

Enter Medical Directors Last Name Date of Procedure Patient Gender Age
(NameDDMMYYYYGenderAge Example:Ross03092009M49)

Note: After completing this form, **save** the document for your files and then send a copy to the following address: cdphe.emtcert@state.co.us, with return receipt.

Signs of Respiratory Insufficiency

- ☐ Elevated EtCO2
- ☐ Diminished SaO2
- ☐ Respiratory Arrest
- ☐ Agonal Respirations
- ☐ Altered Mental Status
- ☐ Increased Work of Breathing

Airway Maneuvers Attempted

- ☐ Jaw Thrust
- ☐ Chin Lift
- ☐ OPA / NPA
- ☐ Nasal Suctioning
- ☐ Shoulder Roll Positioning
- ☐

Supplemental Oxygen

- ☐ Blow-by O2
- ☐ Nasal Cannula
- ☐ Non-rebreather Mask
- ☐ CPAP
- ☐ BVM Ventilation
- ☐

Patient Information

Age: ◯ M ◯ F

Wt (Kg) Broselow

Field Impression

GCS

Eye Verbal Motor Total

Was Satisfactory Respiratory / Airway Management Achieved with Airway / O2 Maneuvers? ◯ Yes ◯ No

Difficult BVM Predicted (MOANS) ◯ Yes ◯ No

Difficult Laryngoscopy Predicted (LEMON) ◯ Yes ◯ No

Indications for Intubation

- ☐ Arrest / Impending Arrest
- ☐ Inability to Protect Airway
- ☐ Potential for Airway Compromise
- ☐ Other

Was a Rescue Device Used After Unsuccessful ETI?

◯ Yes ◯ No

Did Rescue Device Result in Satisfactory Ventilation

◯ Yes ◯ No

Indications for Intubation by RSI

Indication for Intubation AND One or More of the Following:

- ☐ Intact Gag Reflex
- ☐ Trismus / Clenched Jaw
- ☐ Other

Method of Intubation

- ☐ Direct Laryngoscopy
- ☐ Indirect (Video) Laryngoscopy

Method of Confirmation

- ☐ Waveform ETCO2
- ☐ Digital ETCO2
- ☐ Colorimetric ETCO2
- ☐ Lung/Gastric Auscultation
- ☐ Misting of Tube
- ☐ Bulb Syringe Aspiration

Method of Stabilization

- ☐ Adhesive Tape
- ☐ Umbilical Tape
- ☐ Commercial Tube Holder
- ☐ Other

If all ETI Attempts FAILED,

Indicate Reasons Intubation Failed

- ☐ Inadequate Patient Relaxation
- ☐ Inability to Expose Vocal Cords
- ☐ Difficult Patient Anatomy
- ☐ Orofacial Trauma
- ☐ Secretions / Blood / Vomitus
- ☐ Other

Indicate Rescue Techniques Used

- ☐ BVM Ventilation
- ☐ LMA
- ☐ King Airway
- ☐ Combitube
- ☐ Cricothyrotomy
- ☐ Other

Complications of RSI

Desaturation	◯ Y	◯ N
Bradycardia	◯ Y	◯ N
Esophageal Intubation	◯ Y	◯ N
Post-Intubation Hypotension	◯ Y	◯ N
Tube Dislodgement	◯ Y	◯ N
Hyperkalemic Arrest	◯ Y	◯ N
Post-Medication Vomiting	◯ Y	◯ N
Myoclonus	◯ Y	◯ N
Medication Associated	◯ Y	◯ N
Other	◯ Y	◯ N

Explanation

Was ETI Successful? ◯ Yes ◯ No

Endotracheal Tube Size: ◯ Cuffed ◯ Uncuffed

Depth (cm, at corner of mouth):

Vital Signs

	Time	H.R.	R.R.	Blood Pressure	SaO2	EtCO2
Decision to Perform RSI						
Pre-Admin of RSI Medications				/		
Lowest Value After Meds Adm				/		
Highest Value After Meds Adm				/		
Successful ETT Obtained				/		
Successful Rescue Device				/		
Final Value at patient turnoverl				/		

Medications Administered

	Dose 1		Dose 2	
Pretreatment				
Atropine		mg		mg
Lidocaine		mg		mg
Fentanyl		mg		mg
Vecuronium (defasic)		mg		mg
Rocuronium (defasic)		mg		mg
Induction				
Etomidate		mg		mg
Midazolam		mg		mg
Ketamine		mg		mg
Paralysis				
Succinylcholine		mg		mg
Rocuronium		mg		mg
Post-Paralysis Sedation				
Diazepam		mg		mg
Fentanyl		mcg		mcg
Midazolam		mg		mg
Morphine		mg		mg
Maintenance Paralysis				
Rocuronium		mg		mg
Vecuronium		mg		mg

Assessment of Endotracheal Tube Position

	Description of Move	Reassesed		Time	Depth	Tube Position
Initial Placement						
After Patient Moved_1		◯ Y	◯ N			
After Patient Moved_2		◯ Y	◯ N			
Arrival at ED Bedside		◯ Y	◯ N			
Transfer of Patient Care		◯ Y	◯ N			

MD Confirming Correct Placement

Name of Receiving Facility

Emergency Medical Practice Advisory Council
Arthur Kanowitz MD, EMTS Medical Director
January 2010 (Revised 2/2012; 2/2013)