State of Colorado
Colorado Department of Public Health and Environment
Emergency Medical and Trauma Services

Adult Airway Management and RSI Case Report

Version 2016.06.08

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
(NameDDMMYYYGenderAge Example:Ross03092009M49)

After completing this form, click "Print Form" below. This will open the print dialog box. Be sure to change the printer to "Adobe PDF" and attach the printed PDF form to an e-mail to: cdphe.emtcert@state.co.us, **with return reciept.**

Print Form

Signs of Respiratory Insufficiency
- Elevated EtCO2
- Diminished SpO2
- Respiratory Arrest
- Agonal Respirations
- Altered Mental Status
- Increased Work of Breathing

Supplemental Oxygen
- Nasal Cannula
- Non-rebreather Mask
- CPAP
- BVM Ventilation
- Other

Patient Information
Age: M F Wt (Kg)

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
- Chest rise and fall

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:** **Depth (cm):**

Vital Signs

	Time	H.R.	R.R.	Blood Pressure	SpO2	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 turnover				/		

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			

Medications Administered

	Dose 1		Dose 2	
Pretreatment				
Atropine		mg		mg
Lidocaine		mg		mg
Fentanyl		mcg		mcg
Vecuronium (defascic)		mg		mg
Rocuronium (defascic)		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
Ketamine (Requires add'l waiver)		mg		mg
Propofol (Requires add'l waiver)		mg		mg
Maintenance Paralysis				
Rocuronium		mg		mg
Vecuronium		mg		mg

Emergency Medical Practice Advisory Council
Arthur Kanowitz MD, EMTS Medical Director
January 2010 (Revised 11/24/2015

MD Confirming Correct Placement **Name of Receiving Facility**