# Advanced Airway Form

Aberdeen Fire Department

**Date:** __________  **Unit #:** __________  **Incident #::** __________  **EMAIS#:** __________

## Advanced Airway

<table>
<thead>
<tr>
<th>Provider ID #</th>
<th>ET</th>
<th>NT</th>
<th>Attempts</th>
<th>Successful</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ET/NT Size**  **Depth cm**  **Lung Sounds: L R**  **Epigastrum Sounds: Y N**

<table>
<thead>
<tr>
<th>Combi-Tube Use</th>
<th>Y</th>
<th>N</th>
<th>Size</th>
<th>Successful</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

**Verification:**

*The use of capnography is mandatory after ET or NT placement.*

<table>
<thead>
<tr>
<th>MANDATORY ETCO2 Beginning Value:</th>
<th>mmhg</th>
<th>End ETCO2 Value:</th>
<th>mmhg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condensation</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Visualization of Vocal Cords</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

---

**Physician Verification of ET/NT or Combi Tube Placement**

to be completed by the attending ED Physician

### Tube Placement

- [ ] Trachea
- [ ] R Mainstem
- [ ] Esophagus

### Difficult Airway?

- [ ] Yes
- [ ] No

### Was Patient Re-intubated at the hospital?

- [ ] Yes
- [ ] No

### Combi Tube Properly Placed?

- [ ] Yes
- [ ] No

---

**Physician Name:** __________  **Physician Signature:** __________

---

**Provider Comments on Rear of Form**

**The information contained within this form is confidential and non-discoverable. It is to solely be used in an effort to improve the implementation documentation of emergency medical care**

---