



Aberdeen Fire Department Advanced Airway Form



Date: _____ Unit #: _____ Incident #: _____ EMAIS#: _____

ADVANCED AIRWAY

Provider ID #:	ET	NT	# Attempts	Successful	Y	N
Provider ID #:	ET	NT	# Attempts	Successful	Y	N
Provider ID #:	ET	NT	# Attempts	Successful	Y	N

ET/NT Size _____ Depth _____ cm Lung Sounds: L R _____ Epigastrium Sounds: Y N _____

Combi-Tube Use Y N Size _____ Successful Y N _____

Verification:

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

MANDATORY ETCO2 Beginning Value: _____ mmhg End ETCO2 Value: _____ mmhg

Condensation Y N _____ Visualization of Vocal Cords Y N _____

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