

Airway Documentation Sheet

Name: _____

MRN: _____

Date: _____

Mark each box with a "✓"

	Attempt-1	Attempt-2	Attempt-3	Attempt-4	Attempt-5	Attempt-6
Intubater						
EM1						
EM2						
EM3						
EM4						
EM attending						
Anesthesia						
Other:						
Meds						
RSI						
Sedative Only						
Awake						
None						
Events						
Anesthesia Paged						
ENT Paged						
Intubation Method						
Direct Laryngoscope						
Fiber Laryngoscope						
Fiber Stylet						
Bougie						
LMA						
Surgical Airway						
Bronchoscope						
Other:						
Rescue Device						
BVM Ventilations						
LMA						
Combitube						
Outcome/Complications						
Successful Attempt						
Unable to visualize						
Unable to oxygenate						
Unable to pass tube						
Esophageal Intubation						
Aspiration						
Pharyngeal Trauma						
Dental Trauma						
Cardiac Arrest						

Comments: _____