GLOBAL EMERGENCY MEDICAL REGISTRY

Endotracheal Intubation with Medication (RSI) Skill Documentation Form

Student: _____ Examiner: _____

Date: _____ Signature: _____

PASS _____ FAIL _____

NOTE: Student may use systematic approach to intubation tool or protocol and use Examiner as assistant

PRE-INTUBATION

Task	Correct	Incorrect
Recognizes need for rapid sequence induction for advanced airway placement		
Use Systematic Approach to Intubation System or Checklist to optimize intubation attempts to first pass success		
Airway exam completed (LEMON and Trauma ABCS if trauma)		
Preoxygenate patient via NRB Mask at 15L, CPAP at 15-25L, or BVM if appropriate. • Must maximize O2 by placing a nasal cannula on patient at 15 liters flow in addition to BVM or NRB mask at "open rate", and retain NC in place during intubation.		
If, BVM ventilation of patient, EtCO2 in place		
Optimize patient position – Back Up Head Elevated Position		
Suction in "ready" position		
Primary and Secondary IV or IO secured.		
Cardiac monitor, SpO2, and EtCO2 ready and applied		
Prepare Equipment on CHALLENGE CHECKLIST • Gum Elastic Boogie required • Video Laryngoscope should be available		
Perform 10 second Time Out Briefing • In-line immobilizer brief (if necessary) • Monitoring (SpO2, ECG, EtCO2) tasks person briefed • Drug administer briefed and dosages confirmed		
TOTAL:		

Critical Failure Criteria	
	Failure to preoxygenate the patient
	Failure to perform **BOLDED** item
	Failure to use quantitative waveform capnography
	Failure to identify apneic unstable patient
	Uses inappropriate affect with patient or examiner
	Uses or orders a dangerous or inappropriate intervention

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INTUBATION

Task	Correct	Incorrect
Use Systematic Approach to Intubation System or Checklist		
Administer correct dose of Induction Agent (i.e.: Ketamine 2mg/kg over 1 minute)		
Administer correct dose of Paralytic Agent (i.e.: Succinylcholine 2mg/kg)		
Perform endotracheal intubation with first pass success within 30 seconds		
If bradycardia - Treat hypoxia, as the most likely cause.		
Upon successful intubation, confirm ET tube placement by capnography and ultrasound (if available).		
Ventilate with Bag-Valve-ET (or ventilator) and 100% O2, maintain EtCO2 35-45mmHg • 35-40 mmHg with head injury • Titrate oxygen via SpO2 monitoring to 92-28%, maintain ventilations at an EtCO2 range of 35-45 mmHg without hyperventilation at anytime.		
Confirm and document tube length at teeth		
Connect patient to ventilator, if available, and confirm successful ventilation and oxygenation settings based on patient monitoring devices.		
Monitor and record vital signs (SpO2, EtCO2, ECG, NIBP) q 5 minutes		
Establish medications for infusion, if any, and utilize infusion pump or syringe driver.		
TOTAL:		

Critical Failure Criteria	
	Failure to preoxygenate the patient
	Failure to perform **BOLDED** item
	Failure to use quantitative waveform capnography
	Failure if intubation unsuccessful, after two attempts in two minutes
	Failure to show smooth, process oriented, successful intubation technique
	Uses inappropriate affect with patient or examiner
	Uses or orders a dangerous or inappropriate intervention

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Examiner Reference Material:

INDUCTION/PARALYTIC DRUG QUICK REFERENCE

KG	Ketamine (2 mg/kg)	Succinylcholine (2mg/kg)
5	10	10
6	12	12
7	14	14
8	16	16
9	18	18
10	20	20
15	30	30
20	40	40
25	50	50
30	60	60
35	70	70
40	80	80
45	90	90
50	100	100
55	110	110
60	120	120
65	130	130
70	140	140
75	150	150
80	160	160
85	170	170
90	180	180
95	190	190
100	200	200
110	220	220
120	240	240
130	250	250