

**Cape & Islands EMS System, Inc.**  
**ADVANCED AIRWAY SKILLS**  
**Intubation Report**

**SECTION I: SQUAD/AGENCY REPORT**

Date \_\_\_\_\_ SARF #: \_\_\_\_\_ Patient Sex: M \_\_\_ F \_\_\_ Patient Age: \_\_\_\_\_

Times: Call Received: \_\_\_\_\_ On Scene: \_\_\_\_\_

Enroute to Hospital: \_\_\_\_\_ At Hospital: \_\_\_\_\_

Reason for Intubation (check one) Cardiac Arrest: \_\_\_ Trauma \_\_\_

Other (specify in remarks) \_\_\_\_\_

Patient Problems Encountered (check any that apply): Dentures \_\_\_ Facial Trauma \_\_\_

Short Neck \_\_\_ Short Chin \_\_\_ Other (specify in remarks) \_\_\_\_\_

	1st Attempt		2nd Attempt		3rd Attempt	
Provider Name						
Provider Certification Number						
Tube Size						
Blade Size						
Blade Type	mac___	millr___	mac___	millr___	mac___	millr___
Were Cords Visualized?	yes___	no___	yes___	no___	yes___	no___
Type of Position Check Device Used:	bulb___	ETCO <sub>2</sub> ___	bulb___	ETCO <sub>2</sub> ___	bulb___	ETCO <sub>2</sub> ___
Were Breath Sounds Heard Bilaterally?	yes___	no___	yes___	no___	yes___	no___
Was intubation attempt facilitated by medication	yes___	no___	yes___	no___	yes___	no___
Was Medical Control Contacted for Permission or Advice?	yes___	no___	yes___	no___	yes___	no___
Problems Encountered (check all that apply):						
Use of Combitube required						

Dental/Lip trauma			
Esophageal Intubation			
Accidental Extubation			
Equipment Failure (specify below)			
Other (Specify below)			
None			

Provider Remarks:

---



---



---

Provider Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_  
 \_\_\_\_\_

*Attach to pink copy of SARF and give to receiving MD or RN*

**SECTION II: HOSPITAL REPORT**

Was tube in place on arrival at ED? Y \_\_\_\_\_ N \_\_\_\_\_ O<sub>2</sub> Sat on arrival: \_\_\_\_\_

Confirmed by: MD \_\_\_\_\_ RN \_\_\_\_\_ RT \_\_\_\_\_ PA \_\_\_\_\_

Any evidence of trauma from intubation? Y \_\_\_\_\_ N \_\_\_\_\_

Patient Outcome:

---



---

Name of facility staff confirming placement (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

---