

**City of Beaumont Public Health - EMS  
QA/QI Clinical Program**



**Airway Management Data Sheet/Chart Audit**

**Date:** \_\_\_\_\_ **Event #:** \_\_\_\_\_ **Emp. ID:** \_\_\_\_\_

Reason for Advanced Airway Management: (Check all that applies)

<input type="checkbox"/> RSII <input type="checkbox"/> Respiratory Arrest <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Airway Obstruction	<input type="checkbox"/> GCS ≤ 8 <input type="checkbox"/> Prolonged Ventilatory <input type="checkbox"/> Class III or IV Hemorrhage <input type="checkbox"/> Severe Flail Chest	<input type="checkbox"/> Trauma, Head Injury, AMS <input type="checkbox"/> Inhalation Injury <input type="checkbox"/> Aspiration Protection <input type="checkbox"/> Other _____
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<b>DIFFICULT AIRWAY</b>	<b>INTUBATION</b>	1 <sup>st</sup> Attempt - Time: _____	2 <sup>nd</sup> Attempt - Time: _____	3 <sup>rd</sup> Attempt - Time: _____
<p><b>Hx. Conditions:</b>  <input type="checkbox"/> Infections  <input type="checkbox"/> Trauma  <input type="checkbox"/> Endocrine  <input type="checkbox"/> Foreign Body  <input type="checkbox"/> Inflammatory Cond.  <input type="checkbox"/> Tumors  <input type="checkbox"/> Congenital  <input type="checkbox"/> Physiologic</p> <p><b>Mouth Opening:</b>  <input type="checkbox"/> &lt; 3cm  <input type="checkbox"/> TMJ</p> <p><b>Mallampati Class:</b>  <input type="checkbox"/> Class I  <input type="checkbox"/> Class II  <input type="checkbox"/> Class III  <input type="checkbox"/> Class IV</p> <p><b>Thyromental Dist.:</b>  <input type="checkbox"/> &lt; 6cm</p> <p><b>Teeth:</b>  <input type="checkbox"/> Endentulous  <input type="checkbox"/> Poor Condition  <input type="checkbox"/> Prominent Teeth</p> <p><b>Tongue:</b>  <input type="checkbox"/> Large  <input type="checkbox"/> Immobile  <input type="checkbox"/> Edematous</p> <p><b>Head mobility:</b>  <input type="checkbox"/> Limited movement</p> <p>(Backside for descriptions)</p>	Device Type: <input type="checkbox"/> ETT <input type="checkbox"/> LMA <input type="checkbox"/> QTrach	<input type="checkbox"/> ETT <input type="checkbox"/> LMA <input type="checkbox"/> QTrach	<input type="checkbox"/> ETT <input type="checkbox"/> LMA <input type="checkbox"/> QTrach	<input type="checkbox"/> ETT <input type="checkbox"/> LMA <input type="checkbox"/> QTrach
	ETT Size: _____	_____	_____	_____
	Blade Type: <input type="checkbox"/> Macintosh <input type="checkbox"/> Miller	<input type="checkbox"/> Macintosh <input type="checkbox"/> Miller	<input type="checkbox"/> Macintosh <input type="checkbox"/> Miller	<input type="checkbox"/> Macintosh <input type="checkbox"/> Miller
	Blade Size: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Stylet: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Laryngeal View - Grade <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
	Positioning: <input type="checkbox"/> Sniffing <input type="checkbox"/> Jaw-thrust <input type="checkbox"/> Manual In-line	<input type="checkbox"/> Sniffing <input type="checkbox"/> Jaw-thrust <input type="checkbox"/> Manual In-line	<input type="checkbox"/> Sniffing <input type="checkbox"/> Jaw-thrust <input type="checkbox"/> Manual In-line	<input type="checkbox"/> Sniffing <input type="checkbox"/> Jaw-thrust <input type="checkbox"/> Manual In-line
	“Sellick’s” Maneuver: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>CONFIRMATION</b>	Every personnel should concurred with ETT placement, especially 501 if available.		
	Visualization of Cords: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Condensation in ETT: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Chest rise with ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Abdomen rise with vent.: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Breath sounds: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Epigastric sound: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	End-tidal CO2: <input type="checkbox"/> Yellow <input type="checkbox"/> Tan <input type="checkbox"/> Purple	<input type="checkbox"/> Yellow <input type="checkbox"/> Tan <input type="checkbox"/> Purple	<input type="checkbox"/> Yellow <input type="checkbox"/> Tan <input type="checkbox"/> Purple	<input type="checkbox"/> Yellow <input type="checkbox"/> Tan <input type="checkbox"/> Purple
	Pulse Oximeter Reading: _____ % O <sub>2</sub> Saturation	_____ % O <sub>2</sub> Saturation	_____ % O <sub>2</sub> Saturation	_____ % O <sub>2</sub> Saturation
	Cardiac Monitor - HR: _____ bpm <input type="checkbox"/> Ectopy	_____ bpm <input type="checkbox"/> Ectopy	_____ bpm <input type="checkbox"/> Ectopy	_____ bpm <input type="checkbox"/> Ectopy
	Perfusion - Skin Assessment <input type="checkbox"/> pale <input type="checkbox"/> cyanotic <input type="checkbox"/> pink <input type="checkbox"/> warm <input type="checkbox"/> hot <input type="checkbox"/> cool <input type="checkbox"/> dry <input type="checkbox"/> moist	<input type="checkbox"/> pale <input type="checkbox"/> cyanotic <input type="checkbox"/> pink <input type="checkbox"/> warm <input type="checkbox"/> hot <input type="checkbox"/> cool <input type="checkbox"/> dry <input type="checkbox"/> moist	<input type="checkbox"/> pale <input type="checkbox"/> cyanotic <input type="checkbox"/> pink <input type="checkbox"/> warm <input type="checkbox"/> hot <input type="checkbox"/> cool <input type="checkbox"/> dry <input type="checkbox"/> moist	<input type="checkbox"/> pale <input type="checkbox"/> cyanotic <input type="checkbox"/> pink <input type="checkbox"/> warm <input type="checkbox"/> hot <input type="checkbox"/> cool <input type="checkbox"/> dry <input type="checkbox"/> moist
	<b>SUCCESSFUL ETT</b>			
<input type="checkbox"/> YES - Disposition:	ETT Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No _____cm @ <input type="checkbox"/> lips <input type="checkbox"/> teeth	ETT Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No _____cm @ <input type="checkbox"/> lips <input type="checkbox"/> teeth	ETT Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No _____cm @ <input type="checkbox"/> lips <input type="checkbox"/> teeth	
<input type="checkbox"/> NO - Disposition:	<input type="checkbox"/> BVM <input type="checkbox"/> LMA <input type="checkbox"/> QTrach	<input type="checkbox"/> BVM <input type="checkbox"/> LMA <input type="checkbox"/> QTrach	<input type="checkbox"/> BVM <input type="checkbox"/> LMA <input type="checkbox"/> QTrach	

Confirmation of ETT placement at the hospital by: \_\_\_\_\_  
 Emergency Room Physician’s name

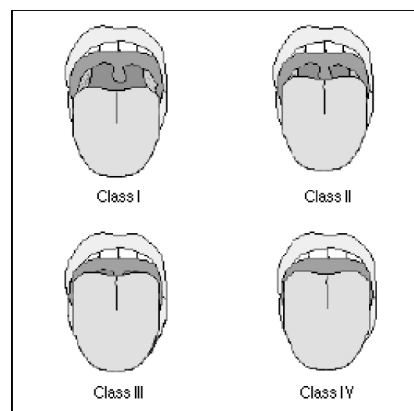
Employee Signature: \_\_\_\_\_ Clinical Signature: \_\_\_\_\_

# Difficult Airway Management

<b>Infections</b>	Infectious processes such as epiglottitis, abscesses, croup, bronchitis, and/or pneumonia.
<b>Trauma</b>	Maxillofacial trauma, cervical spine injury, laryngeal injury.
<b>Endocrine</b>	Morbid obesity, diabetes mellitus, acromegaly.
<b>Foreign Body</b>	Can not be cleared via Foreign Body Obstruction protocol.
<b>Inflammatory Conditions</b>	Ankylosing spondylitis, rheumatoid arthritis.
<b>Tumors</b>	Upper and/or lower airway tumors.
<b>Congenital Problems</b>	Choanal atresia, tracheomalacia, cleft palate, Pierre Robin syndrome, Treacher Collins syndrome, Hallermann-Streif syndrome.
<b>Physiologic Conditions</b>	Pregnancy.

## Mallampati Class

- Class I** visualization of the soft palate, fauces, uvula, anterior and posterior pillars
- Class II** visualization of the soft palate, fauces and uvula
- Class III** visualization of the soft palate and the base of the uvula
- Class IV** soft palate is not visible at all



## Thyromental Distance

Distance from the mentum of the mandible to the thyroid, with the neck fully extended. If the distance is less than 6cm there is less space for the tongue to be displaced with laryngoscopy.

## Cormack and Lehane Classification

- Grade I** visualization of the entire laryngeal aperture
- Grade II** visualization of just the posterior portion of the laryngeal aperture
- Grade III** visualization of only the epiglottis
- Grade IV** visualization of just the soft palate only, not even the epiglottis is visible

