



**New Hampshire Department of Safety
Division of Fire Standards & Training
And
Emergency Medical Services**

Instructor Packet for

**Rapid Sequence Intubation and
Rapid Sequence Intubation for the
Assistant**

**The Role of the NH
EMT-Paramedic, EMT-Intermediate & EMT-Basic**

September 2007

To the Rapid Sequence Intubation Instructor:

Along with the prerequisite set forth per the New Hampshire Medical Control Board, the following training is required for completion of the NH Rapid Sequence Intubation training.

For the RSI Paramedic Training Modules:

- Completion of the Airway Assessment Module
- Completion of the Backup Airway Module
- Completion of the Pharmacology Module
- Completion of the Malignant Hyperthermia Competency (you will find the power point for this at http://medical.mhaus.org/NonFB/Slideshow_eng/SlideShow_ENG_files/frame.htm)
- Completion of the Rapid Sequence Intubation Module “Putting it all Together”
- Successfully complete the RSI in-service. This involves the RSI class, a final written exam, practical exams on the backup devices, cricothyrotomy, and completing an RSI “Megacode” with the EMS Medical Director.

For the RSI Assistant Training Modules:

- Completion of the Airway Assessment Module
- Completion of the Backup Airway Module
- Completion of the Malignant Hyperthermia Competency
- Completion of the Rapid Sequence Intubation Module “Putting it all Together for the Assistant”
- Successfully complete the RSI in-service. This involves the RSI Assistant class, a final written exam, practical exams on the backup devices, and completing an RSI “Megacode” acting as the assistant with the EMS Medical Director.

RSI Education
Competency Check Sheet

Name: _____

Requirement	Date	Verifying Signature
Number of years as a paramedic?		
Documentation of at least 5 live successful intubations, prior to class?		
Completion of the Airway Assessment Module		
3 – 3 – 2 Assessment		
Mallampati Classification		
Laryngoscopic View Grading		
Completion of the Backup Airway Module		
Combitube		
King LD-T		
LMA		
Cricothyrotomy		
Completion of the Pharmacology Module		
Atropine		
Lidocaine		
Etomidate		
Succinylcholine		
Lorazepam		
Midazolam		
Vecuronium		
Rocuronium		
Completion of the Malignant Hyperthermia Competency		
Completion of the Rapid Sequence Intubation Module (aka Putting it all Together)		
Successfully completion of a RSI "Megacode" with the EMS Medical Director		Requires signature from Medical Director

RSI Assistant Education
Competency Check Sheet

Name: _____

Requirement	Date	Verifying Signature
Number of years as an EMS Provider?		
Completion of the Airway Assessment Module		
3 – 3 – 2 Assessment		
Mallampati Classification		
Laryngoscopic View Grading		
Completion of the Backup Airway Module		
BVM		
Combitube		
King LD-T		
LMA		
Completion of the Malignant Hyperthermia Competency		
Completion of the Rapid Sequence Intubation Module (aka Putting it all Together for the Assistant)		
Successfully completion of a RSI “Megacode” acting as the Assistant with the EMS Medical Director		Requires signature from Medical Director

Rapid Sequence Intubation

Candidate: _____

Date: _____

_____ **INITIAL** _____ **RETEST**
 Time allowed: 10 minutes

Evaluator: _____

Start: _____

Stop: _____

Total Time: _____

	Points Possible	Points Awarded
SCENE SIZE UP & BSI (scene information will be provided by the evaluator)		
Performs ABC's opens / suctions airway as needed. Attempts airway adjunct if indicated.	1	
Starts high-flow O2 by BVM or Non-Rebreather Mask as appropriate	1	
Verbalizes difficult airway assessment, 1 or 2 running IV's, vital signs, etc	1	
Indicates the need for RSI. Verbalizes any anticipated difficulties.	1	
Directs preoxygenation of the patient using a BVM or NRB as is appropriate for the scenario.	1	
May administer lidocaine at this time if appropriate.	1	
Laryngoscope: Selects and attaches blade, check light.	2	
Prepares BVM and connects to high-flow O2 if not previously done.	1	
ET tube: Selects appropriate size, checks cuff integrity, and properly inserts stylette.	1	
Suction: Prepares Yankauer suction, indicates suction is running.	1	
Backup Airways: Has backup airway adjuncts readily available.	1	
Medications: Selects appropriate medications, Draws up correct amount of each for patient's size.	2	
Administers lidocaine prn unless already done. Allows time and observes patient between medications	1	
Administers etomidate.	1	
Directs partner to hold cricoid pressure. Able to explain procedure to partner.	1	
Administers succinylcholine. Allows approximately 45 seconds for medications to take effect.	1	
Supports ventilations if not already being done.	1	
Intubates the patient using good technique. (Recognizes the need to stop and ventilates the patient if not successful after 30 seconds.)	1	
Selects appropriate backup airway adjunct if not successful after 2 attempts.	1	
Confirms tube placement by auscultation of lung sounds/gastric flush.	1	
Recognizes and immediately corrects esophageal or right main stem placement.	1	
Also uses waveform capnography to confirm tube placement.	1	
Secures tube.	1	
TOTAL	25	

Critical Criteria

- Does not assess ABC's. Does not immediately correct airway problems.
- Does not stabilize the C-spine of a trauma patient
- Does not preoxygenate the patient
- Does not call for cricoid pressure or releases cricoid pressure before the airway has been secured
- Does not successfully intubate the manikin within 2 attempts
- Does not verify tube placement
- Does not prepare suction equipment
- Administers incorrect doses of medication or gives medications in incorrect order

You must factually document on the back of this sheet the reason(s) for not awarding points or for checking any critical criteria.

State of New Hampshire
Department of Safety
Division of Fire Standards and Training and
Emergency Medical Services



Name: _____

Date: _____

RSI Post Test

1. The dose of Succinylcholine is:

- a. 0.3 mg/kg
- b. 0.5 mg/kg
- c. 1.5 mg/kg
- d. 15 mg/kg

2. Etomidate comes in the concentration of _____:

- a. 2 mg/ml
- b. 3 mg/ml
- c. 1 mg/ml
- d. 0.2 mg/kg

3. Which of the following might indicate inadequate sedation?

- a. SpO₂ dropping
- b. Unequal pupils
- c. Increased temperature
- d. Increasing heart rate and BP

4. What does “BURP” stand for when performing the Sellick’s maneuver?

- a. Bilateral, upwards, rightward pressure
- b. Backwards, upwards, rightward pulsations
- c. Bilateral, upwards, rigid pressure
- d. Backwards, upwards, rightward pressure

5. How much etomidate should a 230 lb patient with a systolic pressure of 80 receive?

- a. 30 mg
- b. 20 mg
- c. 15 mg
- d. 10 mg

6. In emergent cases, _____ mask breaths with 100% oxygen may have to suffice for pre-oxygenation of the patient.

- a. 1
- b. 3
- c. 5
- d. 10

7. What is the reversal agent for fentanyl?

- a. Naloxone
- b. Nalgene
- c. Nalbuphine
- d. Nadolol

8. If the patient is already taking a benzodiazepine, then the dose of succinylcholine should be cut in half.

- a. TRUE
- b. FALSE

9. Cricoid pressure begins _ and is held until the airway has been secured.

- a. After tube placement verification
- b. After Succinylcholine
- c. Prior to Lidocaine
- d. At the first sign of sedation

10. After one unsuccessful attempt to intubate a paralyzed patient, the paramedic should:

- a. Release cricoid pressure and attempt to intubate again
- b. Administer a 2nd dose of succinylcholine and attempt to intubate again
- c. Maintain cricoid pressure and secure the airway with a CombiTube
- d. Ventilate the patient, maintain cricoid pressure and make a 2nd intubation attempt.

11. The first line for post RSI sedation is

- a. Lidocaine
- b. Succinylcholine
- c. Etomidate
- d. Lorazepam

12. The quality assurance form needs to be completed when:

- a. RSI is unsuccessful
- b. RSI is successful
- c. All uses of RSI
- d. All head injury patients

13. If the distal tip of the CombiTube is in the esophagus, what will you hear if you ventilate through the blue lumen?

- a. Lung sounds
- b. Gastric flush
- c. Both A & B
- d. No lung sounds, no gastric flush

14. The Cricothyrotomy Airway is used when:

- a. You have had two unsuccessful intubation attempts
- b. There are contraindications to using the CombiTube
- c. Only in patients with a suspected C-Spine injury
- d. You are unable to secure an airway with an ETT or backup airway and you cannot ventilate the patient with a BVM.

15. The cricothyroid membrane is located:

- a. Above the suprasternal notch
- b. Above the thyroid cartilage
- c. Between the cricoid and thyroid cartilage
- d. Between the Hyoid bone and mandible

16. You assess a patient's airway and find that you can visualize the soft palate, fauces, uvula and anterior & posterior pillars; the Mallampati Classification for this airway is:

- a. Class I
- b. Class II
- c. Class III
- d. Class IV

17. Which of these is a contraindication for Succinylcholine:

- a. Hx of malignant hyperthermia
- b. Acute narrow angle glaucoma
- c. Penetrating eye injury
- d. All of the above

18. Which medication poses the greatest potential for triggering malignant hyperthermia?

- a. Etomidate
- b. Fentanyl
- c. Succinylcholine
- d. Lidocaine

19. After administering succinylcholine, approximately how long should you wait until attempting to intubate?

- a. 2 minutes
- b. 45 seconds
- c. You can intubate immediately
- d. 3 minutes

20. Pregnancy is an absolute contraindication to RSI

- a. TRUE
- b. FALSE

21. The SpO2 of an intubated patient suddenly begins to drop. List the 4 things you need to check.

- a. Level of responsiveness, CO2 values, ventilation rate and muscle tone
- b. Tube displacement, obstructed tube, pneumothorax and equipment failure
- c. Tube displacement, CO2 values, equipment failure, ventilation rate
- d. Fasciculations, level of responsiveness, equipment failure, pneumothorax

22. Cricoid pressure may be released when:

- a. You feel the tube pass through the cords
- b. Only after tube placement has been confirmed
- c. The distal balloon has been inflated
- d. After a missed intubation attempt

23. If an intubated patient who has already received lorazepam shows signs of agitation or discomfort, the medic may consider:

- a. Rocuronium
- b. Fentanyl
- c. Morphine
- d. Succinylcholine

24. All patients must receive lidocaine if RSI is to be attempted:

- a. TRUE
- b. FALSE

25. If it is a true emergency, succinylcholine may be given even if the patient has a history of malignant hyperthermia.

- a. TRUE
- b. FALSE



Name: _____

Date: _____

RSI Post Test

1. The dose of Succinylcholine is:

- a. 0.3 mg/kg
- b. 0.5 mg/kg
- c. 1.5 mg/kg**
- d. 15 mg/kg

2. Etomidate comes in the concentration of _____:

- a. 2 mg/ml**
- b. 3 mg/ml
- c. 1 mg/ml
- d. 0.2 mg/kg

3. Which of the following might indicate inadequate sedation?

- a. SpO₂ dropping
- b. Unequal pupils
- c. Increased temperature
- d. Increasing heart rate and BP**

4. What does “BURP” stand for when performing the Sellick’s maneuver?

- a. Bilateral, upwards, rightward pressure
- b. Backwards, upwards, rightward pulsations
- c. Bilateral, upwards, rigid pressure
- d. Backwards, upwards, rightward pressure**

5. How much etomidate should a 230 lb patient with a systolic pressure of 80 receive?

- a. 30 mg**
- b. 20 mg
- c. 15 mg
- d. 10 mg

6. In emergent cases, _____ mask breaths with 100% oxygen may have to suffice for pre-oxygenation of the patient.

- a. 1
- b. 3**
- c. 5
- d. 10

7. What is the reversal agent for fentanyl?

- a. Naloxone
- b. Nalgene
- c. Nalbuphine
- d. Nadolol

8. If the patient is already taking a benzodiazepine, then the dose of succinylcholine should be cut in half.

- a. TRUE
- b. FALSE

9. Cricoid pressure begins _ and is held until the airway has been secured.

- a. After tube placement verification
- b. After Succinylcholine
- c. Prior to Lidocaine
- d. At the first sign of sedation

10. After one unsuccessful attempt to intubate a paralyzed patient, the paramedic should:

- a. Release cricoid pressure and attempt to intubate again
- b. Administer a 2nd dose of succinylcholine and attempt to intubate again
- c. Maintain cricoid pressure and secure the airway with a CombiTube
- d. Ventilate the patient, maintain cricoid pressure and make a 2nd intubation attempt.

11. The first line for post RSI sedation is

- a. Lidocaine
- b. Succinylcholine
- c. Etomidate
- d. Lorazepam

12. The quality assurance form needs to be completed when:

- a. RSI is unsuccessful
- b. RSI is successful
- c. All uses of RSI
- d. All head injury patients

13. If the distal tip of the CombiTube is in the esophagus, what will you hear if you ventilate through the blue lumen?

- a. Lung sounds
- b. Gastric flush
- c. Both A & B
- d. No lung sounds, no gastric flush

14. The Cricothyrotomy Airway is used when:

- a. You have had two unsuccessful intubation attempts
- b. There are contraindications to using the CombiTube
- c. Only in patients with a suspected C-Spine injury
- d. You are unable to secure an airway with an ETT or backup airway and you cannot ventilate the patient with a BVM.

15. The cricothyroid membrane is located:

- a. Above the suprasternal notch
- b. Above the thyroid cartilage
- c. Between the cricoid and thyroid cartilage
- d. Between the Hyoid bone and mandible

16. You assess a patient's airway and find that you can visualize the soft palate, fauces, uvula and anterior & posterior pillars, the Mallampati Classification for this airway is:

- a. Class I
- b. Class II
- c. Class III
- d. Class IV

17. Which of these is a contraindication for Succinylcholine:

- a. Hx of malignant hyperthermia
- b. Acute narrow angle glaucoma
- c. Penetrating eye injury
- d. All of the above

18. Which medication poses the greatest potential for triggering malignant hyperthermia?

- a. Etomidate
- b. Fentanyl
- c. Succinylcholine
- d. Lidocaine

19. After administering succinylcholine, approximately how long should you wait until attempting to intubate?

- a. 2 minutes
- b. 45 seconds
- c. You can intubate immediately
- d. 3 minutes

20. Pregnancy is an absolute contraindication to RSI

- a. TRUE
- b. FALSE

21. The SpO2 of an intubated patient suddenly begins to drop. List the 4 things you need to check.

- a. Level of responsiveness, CO2 values, ventilation rate and muscle tone
- b. Tube displacement, obstructed tube, pneumothorax and equipment failure**
- c. Tube displacement, CO2 values, equipment failure, ventilation rate
- d. Fasciculations, level of responsiveness, equipment failure, pneumothorax

22. Cricoid pressure may be released when:

- a. You feel the tube pass through the cords
- b. Only after tube placement has been confirmed**
- c. The distal balloon has been inflated
- d. After a missed intubation attempt

23. 23. If an intubated patient who has already received lorazepam shows signs of agitation or discomfort, the medic may consider:

- a. Rocuronium
- b. Fentanyl**
- c. Morphine
- d. Succinylcholine

24. All patients must receive lidocaine if RSI is to be attempted:

- a. TRUE
- b. FALSE**

25. If it is a true emergency, succinylcholine may be given even if the patient has a history of malignant hyperthermia.

- a. TRUE
- b. FALSE**



Name: _____

Date: _____

RSI Assistant Post Test

- 1. Which of the following might indicate inadequate sedation?**
 - a. SpO₂ dropping
 - b. Unequal pupils
 - c. Increased temperature
 - d. Increasing heart rate and BP

- 2. What does “BURP” stand for when performing the Sellick’s maneuver?**
 - a. Bilateral, upwards, rightward pressure
 - b. Backwards, upwards, rightward pulsations
 - c. Bilateral, upwards, rigid pressure
 - d. Backwards, upwards, rightward pressure

- 3. Cricoid pressure begins __ and is held until the airway has been secured.**
 - a. After tube placement verification
 - b. After Succinylcholine
 - c. Prior to Lidocaine
 - d. At the first sign of sedation

- 4. If the distal tip of the CombiTube is in the esophagus, what will you hear if you ventilate through the blue lumen?**
 - a. Lung sounds
 - b. Gastric flush
 - c. Both A & B
 - d. No lung sounds, no gastric flush

- 5. You assess a patient’s airway and find that you can visualize the soft palate, fauces, uvula and anterior & posterior pillars; the Mallampati Classification for this airway is:**
 - a. Class I
 - b. Class II
 - c. Class III
 - d. Class IV

- 6. Pregnancy is an absolute contraindication to RSI**
 - a. TRUE
 - b. FALSE

7. The Cricothyrotomy Airway is used when:

- a. You have had two unsuccessful intubation attempts
- b. There are contraindications to using the CombiTube
- c. Only in patients with a suspected C-Spine injury
- d. You are unable to secure an airway with an ETT or backup airway and you cannot ventilate the patient with a BVM.

8. After one unsuccessful attempt to intubate a paralyzed patient, the paramedic should:

- a. Release cricoid pressure and attempt to intubate again
- b. Administer a 2nd dose of succinylcholine and attempt to intubate again
- c. Maintain cricoid pressure and secure the airway with a CombiTube
- d. Ventilate the patient, maintain cricoid pressure and make a 2nd intubation attempt.

9. The quality assurance form needs to be completed when:

- a. RSI is unsuccessful
- b. RSI is successful
- c. All uses of RSI
- d. All head injury patients

10. Which of the following is NOT an approved backup airways for the RSI Assistant?

- a. LMA
- b. King-LT-D
- c. Cricothrotomy
- d. Combitube

11. Pre-oxygenate with 100% O₂ via non-rebreather mask for at least:

- a. 1 - 2 minutes
- b. 3 - 5 minutes
- c. 5 - 10 minutes
- d. 10 - 15 minutes

12. In emergent cases, _____ mask breaths with 100% oxygen may have to suffice for pre-oxygenation of the patient.

- a. 1
- b. 3
- c. 5
- d. 10

13. Cricoid pressure is used to occlude the esophagus and prevent passive regurgitation common with Succinylcholine:

- a. True
- b. False

14. For cricoid pressure, use thumb and forefinger to apply pressure directly backward/posterior over the:

- a. Cricoid cartilage
- b. Sternal notch
- c. Epiglottis
- d. Thyroid cartilage

15. When possible resist the use of positive pressure ventilation; use only if the patient is not ventilating adequately.

- a. True
- b. False

16. Medications can to be drawn, prepared, and administered by:

- a. EMT-Basic
- b. EMT- Intermediate
- c. EMT-Paramedic
- d. b & c

17. Sedative are administered after the paralytic?

- a. True
- b. False

18. Cricoid pressure may be released when:

- a. You feel the tube pass through the cords
- b. Only after tube placement has been confirmed
- c. The distal balloon has been inflated
- d. After a missed intubation attempt

19. While maintaining cricoid pressure, your patient begins to vomit. You should:

- a. Continue cricoid pressure
- b. Perform the B.U.R.P. maneuver
- c. Release cricoid pressure and suction oropharynx
- d. a & b

20. The following best defines fasciculation:

- a. Muscular twitching
- b. Muscular convulsions
- c. Muscular flaccidity
- d. Muscular rigidity

21. If intubation fails, the RSI assistant should:

- a. Place a backup airway
- b. Suction the patient
- c. Maintain cricoid pressure and ventilate to re-oxygenate the patient
- d. Perform the B.U.R.P. maneuver

22. How many attempts may the RSI paramedic make at intubation?

- a. 1
- b. 2
- c. 3
- d. 4

23. Confirmation of tube placement must include:

- a. Absent abdominal sounds
- b. Colormetric change
- c. Pulse oximetry
- d. Waveform capnography

24. Post RSI care includes watching for signs and/or symptoms of the patient's comfort level. Signs of discomfort include all of the following except:

- a. Increase heart rate
- b. Decreased blood pressure
- c. Decrease SpO₂
- d. Changes in muscle tone

25. The _____ is to be used only as a last resort:

- a. LMA
- b. King-LT-D
- c. Combitube
- d. Cricothyrotomy



Name: _____

Date: _____

RSI Assistant Post Test

- 1. Which of the following might indicate inadequate sedation?**
 - a. SpO₂ dropping
 - b. Unequal pupils
 - c. Increased temperature
 - d. Increasing heart rate and BP**
- 2. What does “BURP” stand for when performing the Sellick’s maneuver?**
 - a. Bilateral, upwards, rightward pressure
 - b. Backwards, upwards, rightward pulsations
 - c. Bilateral, upwards, rigid pressure
 - d. Backwards, upwards, rightward pressure**
- 3. Cricoid pressure begins __ and is held until the airway has been secured.**
 - a. After tube placement verification
 - b. After Succinylcholine
 - c. Prior to Lidocaine
 - d. At the first sign of sedation**
- 4. If the distal tip of the CombiTube is in the esophagus, what will you hear if you ventilate through the blue lumen?**
 - a. Lung sounds**
 - b. Gastric flush
 - c. Both A & B
 - d. No lung sounds, no gastric flush
- 5. You assess a patient’s airway and find that you can visualize the soft palate, fauces, uvula and anterior & posterior pillars; the Mallampati Classification for this airway is:**
 - a. Class I**
 - b. Class II
 - c. Class III
 - d. Class IV
- 6. Pregnancy is an absolute contraindication to RSI**
 - a. TRUE
 - b. FALSE**

7. The Cricothyrotomy Airway is used when:

- a. You have had two unsuccessful intubation attempts
- b. There are contraindications to using the CombiTube
- c. Only in patients with a suspected C-Spine injury
- d. You are unable to secure an airway with an ETT or backup airway and you cannot ventilate the patient with a BVM.

8. After one unsuccessful attempt to intubate a paralyzed patient, the paramedic should:

- a. Release cricoid pressure and attempt to intubate again
- b. Administer a 2nd dose of succinylcholine and attempt to intubate again
- c. Maintain cricoid pressure and secure the airway with a CombiTube
- d. Ventilate the patient, maintain cricoid pressure and make a 2nd intubation attempt.

9. The quality assurance form needs to be completed when:

- a. RSI is unsuccessful
- b. RSI is successful
- c. All uses of RSI
- d. All head injury patients

10. Which of the following is NOT an approved backup airways for the RSI Assistant?

- a. LMA
- b. King-LT-D
- c. Cricothrotomy
- d. Combitube

11. Pre-oxygenate with 100% O₂ via non-rebreather mask for at least:

- a. 1 - 2 minutes
- b. 3 - 5 minutes
- c. 5 - 10 minutes
- d. 10 - 15 minutes

12. In emergent cases, _____ mask breaths with 100% oxygen may have to suffice for pre-oxygenation of the patient.

- a. 1
- b. 3
- c. 5
- d. 10

13. Cricoid pressure is used to occlude the esophagus and prevent passive regurgitation common with Succinylcholine:

- a. True
- b. False

14. For cricoid pressure, use thumb and forefinger to apply pressure directly backward/posterior over the:

- a. Cricoid cartilage
- b. Sternal notch
- c. Epiglottis
- d. Thyroid cartilage

15. When possible resist the use of positive pressure ventilation; use only if the patient is not ventilating adequately.

- a. True
- b. False

16. Medications can to be drawn, prepared, and administered by:

- a. EMT-Basic
- b. EMT- Intermediate
- c. EMT-Paramedic
- d. b & c

17. Sedative are administered after the paralytic?

- a. True
- b. False

18. Cricoid pressure may be released when:

- a. You feel the tube pass through the cords
- b. Only after tube placement has been confirmed
- c. The distal balloon has been inflated
- d. After a missed intubation attempt

19. While maintaining cricoid pressure, your patient begins to vomit. You should:

- a. Continue cricoid pressure
- b. Perform the B.U.R.P. maneuver
- c. Release cricoid pressure and suction oropharynx
- d. a & b

20. The following best defines fasciculation:

- a. Muscular twitching
- b. Muscular convulsions
- c. Muscular flaccidity
- d. Muscular rigidity

21. If intubation fails, the RSI assistant should:

- a. Place a backup airway
- b. Suction the patient
- c. Maintain cricoid pressure and ventilate to re-oxygenate the patient
- d. Perform the B.U.R.P. maneuver

22. How many attempts may the RSI paramedic make at intubation?

- a. 1
- b. 2**
- c. 3
- d. 4

23. Confirmation of tube placement must include:

- a. Absent abdominal sounds
- b. Colormetric change
- c. Pulse oximetry
- d. Waveform capnography**

24. Post RSI care includes watching for signs and/or symptoms of the patient's comfort level. Signs of discomfort include all of the following except:

- a. Increase heart rate
- b. Decreased blood pressure**
- c. Decrease SpO₂
- d. Changes in muscle tone

25. The _____ is to be used only as a last resort:

- a. LMA
- b. King-LT-D
- c. Combitube
- d. Cricothyrotomy**

Rapid Sequence Intubation Quality Management

1. Qualifiers
2. Education Modules (includes additional documentation requirements)
3. TEMSIS Report
 - Time to patient
 - Time to intubation
 - Number of attempts vs. success
 - Overall success
 - Demographics of patients
 - Demographics of EMS events leading to RSI
 - Demographics of provider
 - Failed Airways (with RSI and without RSI)
 - Demographics of tubes for: Unit and States
3. Review by Medical Director
 - Standardized Review Process with TEMSIS and Reporting form.
 - We will be using data element as suggested from “Recommended Guidelines for Uniform Reporting of Data from Out-of-Hospital Airway Management: Position Statement of the National Association of EMS Physicians”. Wang, et al. Prehospital Emergency Care January/March 2004, Volume 8/Number 1
 - Remediation if necessary
4. Report to Bureau of EMS
 - TEMSIS
 - Medical Director’s Review Report
5. Report to Unit
 - TEMSIS
 - Medical Director’s Review Report
6. Biannual Refresher Education

NAEMSP AIRWAY MANAGEMENT REPORTING TEMPLATE

Patient demographic information:

Date: ___/___/___ Dispatch Time: ___:___ am / pm

EMS Service Name/No.: _____

Pt age (yr): _____ Patient sex: M F

1. Indication for invasive airway management (check one):

Apnea or agonal respirations
 Airway reflex compromised
 Ventilatory effort compromised
 Injury/illness involving airway
 Adequate airway reflexes/vent effort, but potential for compromise
 Other _____

2. Was endotracheal intubation (ETI) attempted?

Yes No

3. If ETI not attempted – alternate method of airway support:

Bag-Valve-Mask (BVM) Combitube
 Needle Jet Ventilation LMA
 Open Cricothyroidotomy Other Cricothyroidotomy
 CPAP/BiPAP Not Applicable (ETI Attempted)
 Other: _____

4-6. Patient subsets (Select Yes/No):

Is patient in cardiopulmonary arrest on intubation? Yes No
 Is patient a victim of trauma? Yes No
 Is patient *under* 18 years old? Yes No

7-11. Vital signs prior to ETI attempt (leave blank if not obtained):

Pulse: ___ beats/min Blood Pressure: ___ / ___ mmHg
 Resp Rate: ___ breaths/min SaO₂: ___ %

12-14. Glasgow Coma Score (GCS) before intubation:

Eye: none (1) pain (2) verbal (3) spontaneous (4)
Verbal: none (1) incomprehensible (2)
 inappropriate words (3)
 disoriented (4) oriented (5)
Motor: no response (1) extends to pain (2)
 flexes to pain (3) withdraws from pain (4)
 localizes pain (5) obeys commands (6)

15. Monitoring and treatment modalities concurrent with intubation (check all that apply):

ECG monitor Pulse-Oximetry
 IV access C-spine immobilization
 CPR (chest compressions) Gum Elastic Bougie
 BAAM Endotrol Tube
 Other: _____

17. Level of training of each rescuer attempting intubation:

Rescuer	Level of Training (check one)
A [†]	<input type="checkbox"/> EMT-P <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-B <input type="checkbox"/> Medic Student <input type="checkbox"/> Nurse/PHRN <input type="checkbox"/> Phys Asst <input type="checkbox"/> MD/DO (attend) <input type="checkbox"/> MD/DO (res) <input type="checkbox"/> Other: _____
B [†]	<input type="checkbox"/> EMT-P <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-B <input type="checkbox"/> Medic Student <input type="checkbox"/> Nurse/PHRN <input type="checkbox"/> Phys Asst <input type="checkbox"/> MD/DO (attend) <input type="checkbox"/> MD/DO (res) <input type="checkbox"/> Other: _____
C [†]	<input type="checkbox"/> EMT-P <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-B <input type="checkbox"/> Medic Student <input type="checkbox"/> Nurse/PHRN <input type="checkbox"/> Phys Asst <input type="checkbox"/> MD/DO (attend) <input type="checkbox"/> MD/DO (res) <input type="checkbox"/> Other: _____

16-18. Provide information for each laryngoscopy attempt.

FOR ORAL ROUTE, EACH INSERTION OF BLADE (LARYNGOSCOPY) IS ONE "ATTEMPT."

FOR NASAL ROUTE, EACH PASS OF TUBE PAST NARES IS ONE "ATTEMPT."

Attempt	16. ETI Method	17. Who attempted? [†]	18. Was attempt successful?
#1	<input type="checkbox"/> OTI <input type="checkbox"/> NTI <input type="checkbox"/> Sedation <input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
#2	<input type="checkbox"/> OTI <input type="checkbox"/> NTI <input type="checkbox"/> Sedation <input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
#3	<input type="checkbox"/> OTI <input type="checkbox"/> NTI <input type="checkbox"/> Sedation <input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
#4	<input type="checkbox"/> OTI <input type="checkbox"/> NTI <input type="checkbox"/> Sedation <input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate drugs given to facilitate intubation:

Midazolam ___ mg Diazepam ___ mg
 Lidocaine ___ mg Morphine ___ mg
 Etomidate ___ mg Succinylcholine ___ mg
 Atropine ___ mg Topical Spray
 Other – Specify: _____ - ___ mg
 Other – Specify: _____ - ___ mg

19-24. Endotracheal tube confirmation.

19. Auscultation Tracheal Placement Esophageal Placement Indeterminate Not Assessed Tube not placed.
 20. Bulb Aspiration Tracheal Placement Esophageal Placement Indeterminate Not Assessed Tube not placed.
 21. Syringe Aspiration Tracheal Placement Esophageal Placement Indeterminate Not Assessed Tube not placed.
 22. Colorimetric ETCO₂ Tracheal Placement Esophageal Placement Indeterminate Not Assessed Tube not placed.
 23. Digital ETCO₂ Tracheal Placement Esophageal Placement Indeterminate Not Assessed Tube not placed.
 24. Waveform ETCO₂ Tracheal Placement Esophageal Placement Indeterminate Not Assessed Tube not placed.
 Other: _____ Tracheal Placement Esophageal Placement Indeterminate Not Assessed Tube not placed.

25. Peak ETCO₂ value: _____ Indeterminate

26. Was ETI successful for the overall encounter (on transfer of care to ED or helicopter)?

Yes No

27. Who determined the final placement (location) of ET tube?

Rescuer performing intubation.
 Another rescuer on the same team.
 Receiving helicopter crew.
 Receiving hospital team.
 Other: _____

28-32. Vital signs after intubation attempt:

Pulse: ___ beats/min Blood Pressure: ___ / ___ mmHg
 Resp Rate: ___ breaths/min SaO₂: ___ %

33. Critical complications encountered during airway management (Check all that apply):

Failed intubation effort.
 Injury or trauma to patient from airway management effort.
 Adverse event from facilitating drugs.
 Esophageal intubation – delayed detection (after tube secured).
 Esophageal intubation – detected in ED.
 Tube dislodged during transport/patient care.
 Other: _____

34. If all intubation attempts FAILED, indicate suspected reasons for failed intubation (check all that apply):

Inadequate patient relaxation Orofacial trauma.
 Inability to expose vocal cords. Secretions/blood/vomit.
 Difficult pt anatomy. Unable to access pt.
 ETI attempted, but arrived at destination facility before accomplished.
 Not applicable – Successful field ETI Other: _____

35. If all intubation attempts FAILED, indicate secondary (rescue) airway technique used (check all that apply):

Bag-Valve-Mask (BVM) Ventilation Needle/Jet Ventilation
 Combitube Open Cricothyroidotomy
 Not applicable – Successful field ETI Other: _____

36. Did secondary (rescue) airway result in satisfactory ventilation?

Yes No Not applicable

37-38. Airway Management Times

Time of decision to intubate: _____:_____:____ am / pm
 Time of successful intubation: _____:_____:____ am / pm
 Time intubation abandoned: _____:_____:____ am / pm