

**Q.A. Report**

This report is a quality assurance tool. Disclosure of information contained herein other than hospital QA review, is prohibited under the Illinois Medical Studies Act (111 Revised Statutes, Chapter, 110, 8-2101).

OSF Saint Anthony Medical Center  
OSF Northern Illinois EMS (NIEMS) System  
Quality Improvement Evaluation Tool

**THIS PORTION OF THE FORM MUST BE COMPLETED FOR ALL EMT AIRWAY INTERVENTIONS**

Patient's Initials _____	Age _____	Date of Intervention _____	Name of Receiving Facility _____
Name of EMT Performing Intervention _____	EMS Agency Name _____	Level of Service _____	Report # _____

**RECEIVING FACILITY DOCUMENTATION  
(To be completed by the Receiving Facility M.D., D.O. or RN only)**

**Type of Airway Used:** Endotracheal \_\_\_\_\_ Nasotracheal \_\_\_\_\_ King \_\_\_\_\_ CombiTube \_\_\_\_\_  
 Needle Cricothyroidotomy \_\_\_\_\_ Surgical Cricothyroidotomy \_\_\_\_\_ In Line \_\_\_\_\_

**Verification of Placement:** Confirmed in Airway? Yes \_\_\_\_\_ No \_\_\_\_\_

**SIGNATURE of M.D., D.O., or RN:** \_\_\_\_\_

**THIS PORTION OF THE FORM MUST BE COMPLETED IF THE EMT WAS NOT ABLE TO SECURE A PATENT AIRWAY.**

All completed Airway CQI forms are to be faxed to the OSF NIEMS System Office within 48 hours of the event. The fax number is 815-395-4623. The Airway CQI forms may also be sent or brought to the EMS Office at 5510 East State Street, Rockford, IL 61108.

**PRE-INTERVENTION ASSESSMENT  
(Circle and/or enter information)**

**Lung Sounds:**

<u>Right:</u>	Normal	Wheeze	Rhonchi	Rales	Absent	Diminished
<u>Left:</u>	Normal	Wheeze	Rhonchi	Rales	Absent	Diminished
<u>Skin Color:</u>	Pink	Pale	Red	Mottled	Cyanotic	Grey / Ashen
<u>Skin Condition:</u>	Warm	Cool	Cold	Moist	Dry	<u>SpO<sub>2</sub>:</u> _____ %

**Lung Sounds (with BVM):**

<u>Right:</u>	Normal	Wheeze	Rhonchi	Rales	Absent	Diminished
<u>Left:</u>	Normal	Wheeze	Rhonchi	Rales	Absent	Diminished

**EMT Impression of Level of Patient's Respiratory Distress:** Mild Moderate Severe Apneic Agonal

**EMT Intervention Attempted:**

Oropharyngeal Airway	Attempts _____	Successful _____	Endotracheal Intubation	Attempts _____	Successful _____
Nasopharyngeal Airway	Attempts _____	Successful _____	Nasotracheal Intubation	Attempts _____	Successful _____
CombiTube	Attempts _____	Successful _____	In-Line Intubation	Attempts _____	Successful _____
King	Attempts _____	Successful _____	Needle Cricothyroidotomy	Attempts _____	Successful _____
			Surgical Cricothyroidotomy	Attempts _____	Successful _____

**Bag-Valve-Mask Ventilation Oxygen Delivered at:** \_\_\_\_\_ LPM

**POST INTERVENTION ASSESSMENT  
(Circle and/or enter information)**

**Lung Sounds:**

<u>Right:</u>	Normal	Wheeze	Rhonchi	Rales	Absent	Diminished
<u>Left:</u>	Normal	Wheeze	Rhonchi	Rales	Absent	Diminished
<u>Skin Color:</u>	Pink	Pale	Red	Mottled	Cyanotic	Grey / Ashen
<u>Skin Condition:</u>	Warm	Cool	Cold	Moist	Dry	<u>SpO<sub>2</sub>:</u> _____ %

**CombiTube Location Assessed By:** Auscultation of Breath Sounds \_\_\_\_\_ Observation of Chest Rise and Fall \_\_\_\_\_  
PosiTube \_\_\_\_\_ Mist in the Tube \_\_\_\_\_

**Endotracheal, Nasotracheal or King Insertion Assessed By:** Auscultation of Breath Sounds \_\_\_\_\_ Observation of Chest Rise and Fall \_\_\_\_\_ PosiTube \_\_\_\_\_  
Visualization of Tube Passing Through Vocal Cords \_\_\_\_\_ Auscultation of Epigastric Sounds \_\_\_\_\_  
End-Tidal CO2 Device \_\_\_\_\_ (Yellow = positive / Blue = negative) Mist in the Tube \_\_\_\_\_

**Endotracheal, CombiTube or King Tube Secured by:** Tape \_\_\_\_\_ Tube Holder \_\_\_\_\_

**Bag-Valve-Mask Ventilation Oxygen Delivered at:** \_\_\_\_\_ LPM