



SECTION 2

Advanced Airway Management

Fabulous Factoids

Skill Sheets

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Surgical Cricothyrotomy
Pediatric Ventilatory Management
End Tidal Carbon Dioxide Monitoring
Extubation
Documentation Skills: Patient Care Report (PCR)

Daily Discussions and Pertinent Points



FABULOUS FACTOIDS—ADVANCED AIRWAY

Drugs of the Section:

Versed
Amidate
Anectine
Norcuron

Pathophysiologies of the Section: 2.01–2.04

NEVER use the technique of placing Miller blade “all the way in” and “pulling back until you see the epiglottis drop.”

Esophageal intubation is lethal if you do not recognize it immediately.

The only indication for a surgical airway is the inability to establish an airway by any other method.

Never withhold oxygen from any patient for whom it is indicated.

Sometimes a physical exam won't help in diagnosing respiratory burns. Sooty sputum is present in only 50% of cases, hoarseness in less than 25%, and singed nasal hairs in only 13%.

MOI is a better indicator in most cases.

Pay attention to anything in the patient's mouth that may become an airway obstruction.

Children are NOT little adults. Don't treat them as if they were.

Size for size, the strongest muscle in your body is the masseter. One masseter is located on each side of the mouth. Working together, the masseters give the biting force of about 150 pounds—not a good thing for a paramedic's fingers.

Believe it or not—you CAN intubate a patient without RSI!!

Discuss respiratory failure and intubating a conscious patient WITHOUT RSI.

Twenty-first century paramedics are prehospital practitioners of emergency medicine—not field technicians.

Why are there interstate highways in Hawaii?

You would have been a scholar in the Middle Ages—barely 5% of the people were literate.

The two lines that connect the bottom of your nose to your lip are called the philtrum.

The world's first recorded tonsillectomy was performed in 1000 B.C.

It takes 3 minutes for a fresh mosquito bite to begin to itch.

The life span of a taste bud is 10 days.



SKILL SHEETS

Bag-Valve-Mask Ventilation

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Determines scene safety and utilizes appropriate PPE		*
Manually opens the airway using appropriate technique for patient condition		*
Checks mouth for foreign bodies, blood, loose teeth, or other potential airway obstruction		*
Suctions or clears airway as indicated		
Inserts simple airway adjunct		
Fits appropriately sized mask to bag-valve device		*
Creates tight mask-to-face seal		*
Ventilates patient for 30 seconds/8–10 breaths with adequate tidal volume for patient condition		*
Observes chest rise and fall, chest wall excursion and evaluates compliance		*
Connects oxygen reservoir and adjusts flow rate to fill reservoir		*
Turns ventilation over to assistant and bilaterally auscultates breath sounds for baseline		*
Creates tight mask-to-face seal with two hands		
Instructs assistant to resume ventilation		
Provides adequate ventilation for at least 1 minute		
Evaluates patient response		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



Adult Ventilatory Management

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Assesses scene safety and utilizes appropriate PPE		*
Manually opens the airway with technique appropriate for patient condition		*
Checks mouth for blood or potential airway obstruction		*
Suctions or removes loose teeth or foreign materials as needed		
Inserts simple adjunct (oropharyngeal or nasopharyngeal airway)		
Directs assistant to ventilate patient with bag-valve-mask device (room air)		*
Observes chest rise/fall and auscultates bilaterally over lungs for baseline		*
Obtains effective ventilation in less than 30 seconds		*
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen		
Ventilates patient and evaluates chest wall/lung compliance		*
Directs assistant to preoxygenate patient		*
Identifies/selects proper equipment for intubation		
Checks laryngoscope light and cuff of ET tube		
Removes all air from cuff and properly inserts stylet if used		
Removes airway adjunct		
Positions patient's head properly and has assistant perform Sellick's maneuver		*
Opens mouth and gently inserts blade while sweeping tongue to side		*
Has assistant maintain Sellick's pressure		
Gently elevates mandible with laryngoscope and visualizes cords		*
Introduces ET tube to side of blade and visualizes tube passing through cords		*
"Threads" ET tube off stylet (if used) maintaining hold on ET tube as stylet removed		
Inflates cuff to proper pressure and disconnects syringe		*
Disconnects mask from bag-valve device and attaches to ET tube without releasing ET tube		
Directs ventilation of patient while maintaining Sellick's maneuver and holding ET tube in place		
Confirms proper placement by auscultation over epigastrium and bilaterally over each lung		*
Directs assistant to release cricoid pressure		*
Secures ET tube		*
Reassesses bilateral lung sounds and compliance		*
Uses secondary device to confirm tube placement		*
Assesses patient's response to intervention		*
Student exhibits competence with skill		

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Endotracheal Intubation with Suspected Cervical Spine

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Determines scene safety and utilizes appropriate PPE		*
Opens the airway manually with trauma jaw-thrust while assistant maintains C-spine SMR		*
Checks mouth for blood or potential airway obstruction		*
Suctions or removes loose teeth or foreign materials as needed		
Inserts simple airway adjunct (oropharyngeal airway)		
Directs assistant to ventilate patient with bag-valve-mask device (room air)		*
Observes chest rise/fall and auscultates bilaterally over lungs for baseline		*
Obtains effective ventilation in less than 30 seconds		*
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen		
Ventilates patient and evaluates chest wall/lung compliance		*
Directs assistant to preoxygenate patient with assistant maintaining C-spine SMR		*
Identifies/selects proper equipment for intubation		
Checks laryngoscope light and cuff of ET tube		
Removes all air from cuff and properly inserts stylet if used		
Directs assistant to face patient and establish cervical spine SMR from front		
Intubating paramedic sits behind patient on ground with legs straddling patient's shoulders		
Moves up until patient's head is secured		
Removes OPA and directs assistant to perform Sellick's maneuver		*
Opens mouth and gently inserts blade while sweeping tongue to side		*
Gently elevates mandible with laryngoscope and leans backward to visualize cords		*
Inserts ET tube and visualizes as tube is advanced through cords		*
"Threads" ET tube off stylet (if used), maintaining hold on ET tube as stylet removed		
Inflates cuff to proper pressure and disconnects syringe		*
Disconnects mask from bag-valve device and attaches to ET tube without releasing ET tube		
Directs ventilation of patient while maintaining Sellick's maneuver and holding ET tube in place		
Confirms proper placement by auscultation over epigastrium and bilaterally over each lung		*
Directs assistant to release cricoid pressure		*
Secures ET tube		*
Reassesses bilateral lung sounds and compliance		*
Uses secondary device to confirm tube placement		*
Assesses patient's response to intervention		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



DUAL LUMEN (BILUMINAL) AIRWAY INSERTION

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Opens the airway manually—assures unresponsiveness		*
Opens mouth and checks for blood, loose teeth, or foreign matter		
Suctions or removes potential airway debris as needed		
Inserts simple airway adjunct (oropharyngeal or nasopharyngeal airway)		
Ventilates patient immediately (with room air)		
Obtains effective patient ventilation in less than 30 seconds		*
Attaches oxygen to bag-valve-mask at high flow and uses reservoir if available		
Effectively ventilates patient for 30 seconds		*
Auscultates over bilateral lung fields for baseline lung sounds		*
Directs assistant to take over preoxygenation		*
Checks/prepares airway device		*
Lubricates distal tip of the device (may be verbalized)		
Positions head properly and removes airway adjunct if inserted		
Assures unresponsiveness and performs a tongue-jaw lift		
Inserts dual lumen airway according to manufacturer's instructions		*
Inflates cuffs and secures airway device in sequence recommended for device		*
Removes syringes		*
Attaches bag-valve device to first lumen (esophageal) and ventilates		*
Auscultates over epigastrium to confirm placement		*
If hears gurgling over epigastrium, verbalizes that tube is in trachea		
Changes bag-valve device to second (tracheal) lumen and ventilates		
Auscultates over epigastrium and bilateral lungs to verify effective ventilations		*
Observes for rise and fall of chest, patient color change, and improvement		*
Secures device or confirms that the device remains properly secured		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



Nasotracheal Intubation

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Preoxygenates with 100% oxygen		*
Prepares ET tube with syringe and lubricant, checks cuff		
Inspects nose and selects larger nostril, evaluating septum		
Inserts tube into nostril with bevel along the floor of the nostril or facing nasal septum		
As tube drops into posterior pharynx, listens closely at tube end for respirations		
With patient's next inhalation, advances ET tube quickly into trachea past cords		*
Watches for condensation, feels for exhaled air, and observes for cough		
Holding ET tube with one hand, inflates cuff with 5–10 cc air using other hand		*
Removes syringe, maintaining hold on ET tube for placement		*
Verifies tube placement by observing chest rise and auscultating breath sounds with synchronized breath from BVM		*
Uses secondary device to confirm placement		*
Secures tube with tape or commercial device and rechecks breath sounds		*
Assesses patient's response to intervention		*
Periodically rechecks tube placement		
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



Lighted Stylet

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Manually opens airway and ventilates patient with 100% oxygen		*
Inserts simple airway adjunct		
Directs assistant to assume BVM ventilations and assesses bilateral baseline lung sounds		*
Assembles and checks equipment		
Uses 7.5–8.5 mm ET tube, cuts tube to 25–27 cm to accommodate stylet		*
Places stylet in ET tube, bending it proximal to cuff		*
With patient supine and head in neutral position, kneels to face patient and turns on stylet		
Removes adjunct and places bite block to rear molars of one side of patient's mouth		*
Verifies unresponsiveness and inserts index and middle fingers deeply into patient's mouth and with thumb under bony part of chin, lifts tongue and jaw forward		*
Inserts ET tube/stylet into patient's mouth, advancing into hypopharynx		*
Uses "hooking" action with ET tube/stylet to lift epiglottis out of the way		*
Holds stylet stationary when circle of light visible at level of Adam's apple		*
Gently "threads" ET tube off stylet approximately 1–2 cm while withdrawing stylet		*
Inflates cuff with 5–10 cc of air and removes syringe, never releasing ET tube		*
Attaches bag-valve device and delivers breath while holding ET tube		
Auscultates over epigastrium and bilaterally over each lung		*
Secures ET tube		*
Uses secondary device to confirm tube placement		*
Reassesses bilateral breath sounds and compliance		*
Assesses patient's response to intervention		*
Reconfirms tube placement		
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



Digital Intubation

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes PPE and assures unresponsiveness		*
Directs assistant to preoxygenate the patient with 100% oxygen		
Auscultates bilateral lung sounds for baseline		*
Prepares ET tube with syringe and lubrication if indicated—checks cuff		
Instructs team member to stabilize the head and neck as needed		
Positions self at left shoulder facing the patient		
Places a bite block between the patient's molars to prevent biting		*
Inserts the middle and index fingers of the left hand into the patient's mouth and "walks" down the midline tugging forward on the tongue		
Palpates the epiglottis with the middle finger		*
Presses the epiglottis forward and inserts the endotracheal tube anterior to the fingers		*
Advances the tube, pushing it with the right hand, using the index finger to maintain the tip of the tube against the middle finger, directing it to the epiglottis		
Using the middle and index fingers, directs the tube tip between the epiglottis and the fingers, advancing the tube through the cords		*
Holds the tube in place and inflates the distal cuff with 10 cc of air, immediately removing syringe		*
Effectively ventilates patient with 100% oxygen in less than 30 seconds from last breath given		*
Verifies proper placement by watching for chest rise, auscultating for bilateral breath sounds, and watching for condensation in the tube on exhalation		*
Secures the tube with tape or commercial device		*
Uses secondary device to confirm tube placement		*
Assesses patient's response to intervention		*
Periodically rechecks tube placement		
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



EGTA/EOA Insertion

Student: _____

Examiner: _____

Date: _____

NOTE: EOA (esophageal obturator airway) is inserted with same technique except for placement of the nasogastric tube.

	Done ✓	Not Done
Utilizes appropriate PPE and assures unresponsiveness		*
Preoxygenates with 100% oxygen and assesses compliance		*
Turns over ventilation to assistant and prepares EGTA with syringe and lubricant, checks cuffs		
Assembles airway, seating mask with "click"		*
Auscultates bilateral lung sounds for baseline		
Places patient supine and kneels at the top of his or her head		
Inserts EGTA at midline through oropharynx using a tongue-jaw lift maneuver, advancing it past the hypopharynx to the depth indicated by markings on tube so black rings are between patient's teeth and mask is sealed against face		*
Inflates pharyngeal cuff with 100 ml of air		*
Removes syringe		*
Ventilates with BVM device attached to high-flow oxygen		*
Auscultates over epigastrium and bilaterally over lungs		*
Applies pulse oximeter		
Secures tube with tape or commercial device, continues ventilations, and rechecks lung sounds		*
Periodically rechecks tube placement		
Inserts nasogastric tube through port and advances into stomach		
Checks gastric tube placement using 30–50 ml air, then hooks to suction to empty stomach		
Disconnects from suction or places to intermittent suction after stomach contents evacuated		
Assesses patient's response to intervention		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



Orogastric Tube Insertion—Unresponsive

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Obtains equipment (suction, NG tube, lubricant, tape, irrigating syringe, water)		
Verifies secure airway in unresponsive patient		*
Positions patient supine		
Measures tube from hypogastric region to earlobe to mouth and tapes depth marking		*
Lubricates tube		*
Passes tip through oral cavity to posterior pharynx (along tongue side of ET tube)		*
Passes tube slowly and posteriorly, checking mouth for curling		*
Determines proper tube placement by auscultation over epigastrium of injected AIR		*
Aspirates stomach contents for secondary verification		*
Secures tube in place		*
Places to suction (continuous only for emptying initial contents, then intermittent)		
Saves gastric contents		
Documents procedure correctly		
Assesses patient's response to intervention		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



Nasogastric Tube Insertion

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Obtains equipment (suction, NG tube, lubricant, tape, irrigating syringe, water, straw, basin)		
Explains procedure to conscious patient or verifies secure airway in unresponsive patient		*
Positions patient (supine for unresponsive, high Fowler's for conscious)		
Measures tube from hypogastric region to earlobe to nose and tapes depth marking		*
Checks for larger nostril and palpates with little finger to assess patency		*
Lubricates tube		
Passes tip through nostril anterior to posterior along floor of nasal passage (straight back)		*
Guides tube to nasopharynx		
Advises conscious patient to continue drinking as tube is passed to measured depth		
Passes tube slowly and posteriorly in unresponsive patient, checking mouth for curling		
Determines proper tube placement by auscultation over epigastrium of injected AIR		*
Secures tube in place		*
Places to suction (continuous only for emptying initial contents, then intermittent)		
Saves gastric contents		
Documents procedure correctly		
Assesses patient's response to intervention		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



Automatic Transport Ventilator (ATV)

Student: _____

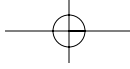
Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Hooks disposable patient circuit to ventilator		*
Checks connections of oxygen hoses and tubings		*
Turns oxygen supply on and checks cylinder contents		*
Verifies controls are set to desired parameters		*
Sets frequency to 12 BPM		
Sets tidal volume to 10 ml/kg, then backs down slightly		
Sets pressure relief at 40 cmH ₂ O		
Sets air mix to 100%		
Auscultates lung sounds to verify tube placement and ventilation of both lungs		*
Turns switch on and briefly occludes patient connection port with thumb to check that peak inflation pressure reading on manometer is appropriate for patient condition		*
Applies patient port to ET tube or face mask to patient (with manually maintained airway)		*
Monitors rise and fall of chest, breath sounds, pressure manometer, and EtCO ₂		*
If spontaneous breathing, sets to SMMV (synchronized minimum mandatory ventilation)		
Adjusts as indicated by patient condition and readings		
Able to verbalize actions to be taken for alarm signal (DOPE)		
<ul style="list-style-type: none"> • lung sounds for tube placement (Dislodged) • for obstructed airway (Obstructed) • lung sounds for equality (Pneumothorax) • hose for kink and pressure relief setting (Equipment) 		*
Adjusts tidal volume		
Assesses patient's response to intervention		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



Pleural Decompression

Student: _____

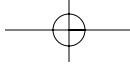
Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Evaluates patient for indications and obtains baseline lung sounds and assessment		*
Prepares equipment (14 gauge 2¼-in. catheter-over-needle) and explains procedure to patient		
Palpates at 2nd intercostal space/midclavicular line		*
Cleanses site appropriately		
Inserts needle at superior border of 3rd rib, avoiding artery, vein, and nerve		*
Advances until feels "pop" and rush of air released		*
Checks patient for improvement in clinical status		*
Removes needle from catheter, disposes of needle properly, and applies flutter valve		*
Secures in place		
Reassesses patient for improvement		*
Documents procedure and response correctly		
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____





Ventilation of an Obstructed Trach

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Attempts ventilation by bag-valve device to trach tube		*
Attempts BVM ventilation via mask over mouth and nose while setting up for suction		*
Suctions through tracheostomy tube using sterile technique		*
If still unable to ventilate and trach tube has inner cannula, deflates cuff if present and removes inner cannula		
Attempts to suction through outer cannula		
If no spontaneous breathing and inner cannula not patent, inserts appropriately sized ET tube through outer cannula until cuff just past end of outer cannula (1–2 cm)		
Inflates cuff with 5–10 cc of air and immediately removes syringe		
Ventilates and confirms chest rise and fall in less than 3 minutes		*
Auscultates bilateral lung sounds		*
Confirms placement with secondary device		*
Assesses patient's response to intervention		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



CPAP/BiPAP

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Explains procedure to patient and obtains full set of vitals		*
Hooks disposable patient circuit to ventilator		*
Checks connections of oxygen hoses and tubing		*
Turns oxygen supply on and checks cylinder contents		*
Verifies controls are set to desired parameters		*
Sets frequency to 12 BPM		
Sets tidal volume to 10 ml/kg, then backs down slightly		
Sets pressure relief at 40 cmH ₂ O		
Sets air mix to 100%		
Auscultates lung sounds to verify tube placement and/or ventilation of both lungs		*
Turns switch on and briefly occludes patient connection port with thumb to check that peak inflation pressure reading on manometer is appropriate for patient condition		*
Applies patient port to face mask to patient (with manually maintained airway) and checks for proper seal if using face mask		*
Monitors rise and fall of chest, breath sounds, pressure manometer, and EtCO ₂		*
If spontaneous breathing, sets to SMMV (synchronized minimum mandatory ventilation)		
Adjusts as indicated by patient condition and readings		
Able to verbalize actions to be taken for alarm signal (DOPE)		*
<ul style="list-style-type: none"> • lung sounds for tube placement (Dislodged) • for obstructed airway (Obstructed) • lung sounds for equality (Pneumothorax) • hose for kink and pressure relief setting (Equipment) 		
Adjusts tidal volume		
Assesses patient's response to intervention		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



Rapid Sequence Induction with Neuromuscular Blockade

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Verifies allergies and recognizes contraindication of succinylcholine with hyperkalemia		
Assembles and checks required equipment		
Ensures IV in place and patent		*
Auscultates bilateral lung sounds for baseline		*
Places patient on cardiac monitor and pulse oximeter		*
Preoxygenates with 100% oxygen		
Considers premedicating with Versed, Etomidate, Atropine, Lidocaine per protocols		*
SEDATES before administers paralytic if patient VS allow		*
Has assistant apply Sellick's maneuver until proper ET tube placement confirmed		*
Administers Succinylcholine 1-2 mg/kg IVP and continues oxygenation		*
Watches for apnea and jaw relaxation		*
Performs endotracheal intubation, inflates cuff, and removes syringe		*
Confirms proper ET tube placement by auscultating over epigastrium and each lung		*
Directs assistant to release Sellick's maneuver		*
Secures ET tube		*
Auscultates bilateral lung sounds to reconfirm tube placement		*
Reconfirms tube placement with secondary device		*
Assesses patient's response to intervention		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



Needle Cricothyrotomy

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Places patient supine and hyperextends neck if no cervical trauma suspected		
Positions at patient's side and directs assistant to attempt ventilations with 100% oxygen		
Prepares equipment, attaches large-bore needle with catheter to 10–20 ml syringe		
Palpates thyroid cartilage and cricoid cartilage		*
Identifies and places finger on cricothyroid membrane (CTM)		*
Maintaining placement, cleanses site appropriately		
Firmly grasps laryngeal cartilages and reconfirms CTM		*
Inserts needle into CTM at midline, directed 45° caudally		*
Advances needle no more than 1 cm and aspirates with syringe		*
Confirms placement and advances catheter while withdrawing needle and syringe unit		*
Reconfirms placement and secures catheter in place (does not release catheter)		*
Checks adequacy of ventilations; chest rise, bilateral breath sounds		
If spontaneous ventilations are absent or inadequate, begins transtracheal jet ventilation		
Connects one end of oxygen tubing to catheter, other end to jet ventilator or using "whistle-tip" and oxygen tank, covers hole for inspiration (allows adequate lung expansion)		*
Watches chest carefully, turning off release valve or opening whistle-tip as soon as chest rises		*
Verbalizes problem of carbon dioxide retention with this ventilation method		*
Continues ventilatory support, assessing for adequacy of ventilations and complications		
Assesses patient's response to intervention		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



Surgical Cricothyrotomy

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Determines necessity for surgical cricothyrotomy (unable to ventilate, FBAO, etc.)		*
Prepares equipment		
Assures maintenance of cervical spine motion restriction if appropriate		*
Locates thyroid cartilage and cricoid cartilage		
Finds cricothyroid membrane (CTM)		*
Cleanses site appropriately		
Stabilizes cartilages with one hand		*
Uses scalpel to make 1–2 cm vertical or horizontal (per protocol) skin incision over membrane		*
Makes 1 cm incision in horizontal plane through CTM		*
Inserts safety cover of catheter or a hemostat into incision to hold incision open		
Removes scalpel and disposes in appropriate container		
Inserts either cuffed ET tube or Shiley trach tube through incision into trachea		*
Inflates cuff and ventilates		*
Confirms placement with auscultation, chest rise and fall, and EtCO ₂ monitoring		*
Uses secondary confirmation device		*
Secures tube in place		*
Assesses patient's response to intervention		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



Pediatric Ventilatory Management

Student: _____

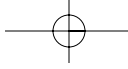
Examiner: _____

Date: _____

	Done ✓	Not Done
Assesses scene safety and utilizes appropriate PPE		*
Manually opens the airway with technique appropriate to patient condition		*
Checks mouth for blood or potential airway compromising matter		*
Suctions or removes foreign body IF VISUALIZED		
Properly inserts simple adjunct (oropharyngeal or nasopharyngeal airway)		
Ventilates patient with BVM device in less than 20 seconds, assessing chest wall compliance		*
Directs assistant to ventilate		
Observes chest movement and auscultates for baseline bilateral lung sounds		
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen		
Directs assistant to preoxygenate patient		*
Identifies/selects proper equipment for intubation—uncuffed tube		
Checks laryngoscope to assure operational with good light source		
Places patient on cardiac monitor to continuously hear heart rate during intubation		*
Positions patient in neutral or sniffing position and removes airway adjunct if inserted		*
Gently inserts blade while displacing tongue (holds laryngoscope gently with two fingers and thumb)		*
Gently elevates mandible with laryngoscope and visualizes cords		*
Gently inserts ET tube to side of blade and visualizes tube passing through cords		*
Verbalizes smallest portion of pediatric airway is at the cricothyroid ring		
Disconnects mask from bag-valve device and attaches to ET tube without releasing ET tube		*
Directs ventilation of patient while holding ET tube in place		*
Confirms proper placement by auscultation over epigastrium and bilaterally over each lung		*
Uses secondary confirmation device		*
Secures ET tube and restricts cervical spine motion to maintain proper ET tube placement		*
Reassesses ET tube placement and heart rate		*
Considers OGT to decrease any abdominal distension compromising ventilation		*
Assesses patient's response to intervention		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____



End Tidal Carbon Dioxide Monitoring

Student: _____

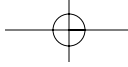
Examiner: _____

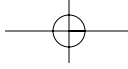
Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Explains procedure to patient		
Prepares disposable sensor and hooks tubing to device		
Turns on device and calibrates		*
Grasps ET tube to stabilize and removes bag-valve device		*
Inserts EtCO ₂ sensor to end of ET tube and reattaches bag-valve device		*
Monitors reading for trends and adjusts ventilations accordingly		*
Evaluates patient condition/correlation to reading and treats appropriately		*
Documents results and actions		
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____





Extubation

Student: _____

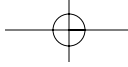
Examiner: _____

Date: _____

	Done ✓	Not Done
Utilizes appropriate PPE		*
Assesses patient level of consciousness and respiratory parameters		*
Verifies patient respiratory effort and tidal volumes adequate for extubation		*
Verifies suction equipment set up and working		*
Explains procedure to patient		*
Removes tape or tube holder		
Has patient take a few deep breaths while still on oxygen		*
Removes air from balloon and detaches syringe when empty (pilot balloon flat)		*
Removes oxygen and has patient exhale forcefully or cough		*
Rapidly removes ET tube during exhalation or cough		*
Suctions as needed and places on supplemental oxygen until patient calms		*
Reassesses patient and documents correctly		*
Student exhibits competence with skill		

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Successful Unsuccessful Examiner Initials: _____





Documentation Skills: Patient Care Report (PCR)

Student: _____

Examiner: _____

Date: _____

	Done ✓	Not Done
Records all pertinent dispatch/scene data, using a consistent format		
Completely identifies all additional resources and personnel		
Documents chief complaint, signs/symptoms, position found, age, sex, and weight		
Identifies and records all pertinent, reportable clinical data for each patient		
Documents SAMPLE and OPQRST if applicable		
Records all pertinent negatives		
Records all pertinent denials		
Records accurate, consistent times and patient information		
Includes relevant oral statements of witnesses, bystanders, and patient in "quotes" when appropriate		
Documents initial assessment findings: airway, breathing, and circulation		
Documents any interventions in initial assessment with patient response		
Documents level of consciousness, GCS (if trauma), and VS		
Documents rapid trauma assessment if applicable		
Documents any interventions in rapid trauma assessment with patient response		
Documents focused history and physical assessment		
Documents any interventions in focused assessment with patient response		
Documents repeat VS (every 5 minutes for critical; every 15 minutes for stable)		
Repeats initial assessment and documents findings		
Records ALL treatments with times and patient response(s) in treatment section		
Documents field impression		
Documents transport to specific facility and transfer of care WITH VERBAL REPORT		
Uses correct grammar, abbreviations, spelling, and terminology		
Writes legibly		
Thoroughly documents refusals, denials of transport, and call cancellations		
Documents patient GCS of 15 PRIOR to signing refusal		
Documents advice given to refusal patient, including "call 9-1-1 for further problems"		
Properly corrects errors and omissions		
Writes cautiously, avoids jargon, opinions, inferences, or any derogatory/libelous remarks		
Signs run report		
Uses EMS supplement form if needed		
Student exhibits competence with skill		

Any items in the Not Done column should be evaluated with student. Check marks in this column do not necessarily mean student was unsuccessful as all lines are not completed on all patients. Evaluation of each PCR should be based on the scenario given.

Student must be able to write an EMS report with consistency and accuracy.

Successful Unsuccessful Examiner Initials: _____



DAILY DISCUSSIONS AND PERTINENT POINTS— ADVANCED AIRWAY SKILLS LAB

Student: _____

Examiner: _____

Date: _____

	Instructor Initials
Assess personal practices relative to the responsibility for personal safety, the safety of the crew, the patient, and bystanders.	
Identify health hazards and potential crime areas within the community served.	
Explain the primary objective of airway maintenance.	
Identify commonly neglected prehospital skills related to airway.	
Explain the risk of infection to EMS providers associated with ventilation.	
Describe the indications, contraindications, advantages, disadvantages, complications, equipment, and technique for tracheobronchial suctioning in the intubated patient.	
Identify special considerations of tracheobronchial suctioning in the intubated patient.	
Describe the indications, contraindications, advantages, disadvantages, complications, and techniques for inserting an oropharyngeal and nasopharyngeal airway.	
Explain the advantage of the two-person method when ventilating with the bag-valve-mask.	
Describe the indications, contraindications, advantages, disadvantages, complications, liter flow range, and concentration of delivered oxygen for supplemental oxygen delivery devices.	
Describe laryngoscopy for the removal of a foreign body airway obstruction (FBAO).	
Describe the indications, contraindications, advantages, disadvantages, complications, and techniques for direct laryngoscopy.	
Describe visual landmarks for direct laryngoscopy.	
Describe use of cricoid pressure during intubation.	
Defend the need to oxygenate and ventilate a patient.	
Defend the necessity of establishing and/or maintaining patency of a patient's airway.	
Comply with standard precautions to defend against infectious and communicable diseases in classroom, labs, and clinical areas.	