



Capital Health

Intubation Procedure Form

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0000000000000317-2005

Date (YYMMDD): (20 / /) Time (24h): (:)

Table with 9 columns: Location, Pre-Hosp, ER, OR, CVICU, ICU 3A, ICU 5.2, IMCU, Ward. Each column has a checkbox.

Main form area containing sections: Performed by (Intensivist, Staff Anesthesiologist, etc.), Indications (Airway Protection, Cardiac Arrest, etc.), Sedation (None, Diazepam, etc.), Dose, PreOxygenate, Mask Size, Direct Laryngoscopy, Blade Size, Cormack Grade, # of attempts, Tube Size, Adjuncts (BURP, Bougie, etc.), Outcome Successful, Outcome Unsuccessful, Interventions (Personnel change, BMV, etc.).

Comments:

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Signature:

NAME (print):