Riverview Health EMS Education

EMS PROVIDER INTUBATION REPORT

This document should be used by paramedics affiliated with Riverview Health to document successful endotracheal intubations. Forward to the EMS Education Office and retain a copy for your records.

Date: ________________  Paramedic: ____________________  Agency: ________________

Clinical Setting:  Pre-hospital  Emergency Room  Operating Room
(Circle One)

Operating Room:

Number of successful endotracheal intubations during clinical visit: __________

Signature and Credentials of person verifying / witnessing intubations: ________________

Pre-hospital or Emergency Room:

Adult or pediatric: ________________  Tube Size: ___________  Blade Type: Mac _______ Miller _______

Assisting devices:  Bougee  King Vision  Sellick's Maneuver  BURP Maneuver

Method of ETT placement confirmation:  Cords Visualized  Tube Condensation

(Circle all that apply)  EtCO2  Bilateral Breath/Negative Epigastric Sounds

Continuous Pulse Oximetry  Intubation Detector Bulb

Associated problems or experiences: ____________________________________________
__________________________________________________________________________
__________________________________________________________________________

Signature/Credentials of person verifying intubation with comments: ________________
__________________________________________________________________________
__________________________________________________________________________