

McHenry Western Lake County EMS System King Vision Field Evaluation Form

All information obtained, including any appended materials, is furnished as a report of quality management and is privileged and confidential, to be used solely in the course of internal quality control for the purposes of reducing morbidity and mortality and improving the quality of patient care in accordance with Illinois Law (735IL CS 5/8-2004 et seq).

Complete this form for ALL patients on whom King Vision intubation was attempted

Instructions to paramedics: Forward the completed forms to Cindy Tabert by fax at 224-654-0165 or by email at cynthia.tabert@nm.org

EMS agency	Date	Incident Number: _____ Cardiac Arrest <input type="checkbox"/> Yes <input type="checkbox"/> No DAI <input type="checkbox"/> Yes <input type="checkbox"/> No Other: explain _____	Patient gender <input type="checkbox"/> Male <input type="checkbox"/> Female Approx age _____ Approx weight in lbs _____
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Intubation via King Vision	
#1 pass attempt successful? <input type="checkbox"/> Yes <input type="checkbox"/> No	#2 pass attempt successful? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passive apneic oxygenation used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Airway secretions present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ducanto airway suctioning used during ETI procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tube Size	<input type="checkbox"/> 6.0 <input type="checkbox"/> 7.0 <input type="checkbox"/> 7.5
Difficulty placing the blade into the mouth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bougie loaded as instructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bougie advanced prior to ET Tube?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mouth opening too small for blade?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visualization successful but unable to pass tube?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blade tip placed in vallecula?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there was difficulty intubating, new information learned or general feedback on use please use the space below.	
ET Depth measured at the lip _____ cm	
ETCO2 PRIOR TO ET Placement value _____ waveform <u>SQ</u> <u>RND</u> <u>SRKFIN</u> <u>FLT</u> <u>NONE</u>	
ETCO2 POST ET Placement value _____ waveform <u>SQ</u> <u>RND</u> <u>SRKFIN</u> <u>FLT</u> <u>NONE</u>	
Please indicate who placed the ET Tube _____	
What were the indications for intubation or why used? _____	
ED Physician signature confirming placement _____	

In the event of a failure or malfunction:

An incident form will be completed by the crew for any adverse effects or malfunction and forwarded to Cindy Tabert so she may take appropriate action. In the event of a device failure, The Rescue Airway shall always be ready to be used as back up airway device.