



AUSTRALIA & NEW ZEALAND ED AIRWAY REGISTRY

To be completed for ALL intubations in the Emergency Department

Name	Medical Record Number	Date:	
Place Patient Sticker Here		Estimated Patient Weight:	
Age	Gender	Team Leader:	Specialty + Seniority <small>(eg ED Reg)</small>

Indication For Intubation – Tick ONE only			
Trauma:	Medical:		
Head injury – reduced LOC <input type="checkbox"/>	Respiratory failure <input type="checkbox"/>	Altered mental status – not overdose <input type="checkbox"/>	
Head injury – airway not patent <input type="checkbox"/>	Airway obstruction <input type="checkbox"/>	Overdose / ingestion <input type="checkbox"/>	
Neck / facial trauma <input type="checkbox"/>	Anaphylaxis <input type="checkbox"/>	Cardiac arrest <input type="checkbox"/>	
Burn / inhalation <input type="checkbox"/>	Cardiac failure <input type="checkbox"/>	Other (please state):	
Drowning <input type="checkbox"/>	Sepsis <input type="checkbox"/>		
Chest trauma <input type="checkbox"/>	GI bleed <input type="checkbox"/>		
Shock <input type="checkbox"/>	Seizure <input type="checkbox"/>		
Traumatic cardiac arrest <input type="checkbox"/>	ICH/stroke <input type="checkbox"/>		

Was laryngoscopy predicted to be difficult?	Y / N	Was a formal assessment made?	Y / N
Why difficult? eg “LEON” criteria <small>(See over)</small>			

Observations	At time of Decision to Intubate	GCS	RR	SBP	HR	SaO ₂
	First set AFTER INTUBATION			SBP	HR	SaO ₂

Preox* <small>Final device used</small>	NRBM <input type="checkbox"/>	BVM <input type="checkbox"/>	BVM+PEEP <input type="checkbox"/>	CPAP/BiPAP <input type="checkbox"/>	LMA <input type="checkbox"/>	Patient Position <small>Tick One</small>	Flat <input type="checkbox"/>	Bed tilted head up <input type="checkbox"/>
Apnoeic O₂† <small>Tick all that apply</small>	NIL <input type="checkbox"/>	NP <input type="checkbox"/>	BVM <input type="checkbox"/>	CPAP/BiPAP <input type="checkbox"/>	LMA <input type="checkbox"/>		Pillow or occipital pad <input type="checkbox"/>	Ramped or head up <input type="checkbox"/>

Was a Pre-RSI Checklist Used?	Y / N
Time Of Induction <small>(24 Hrs)</small>	:
Time Of Intubation <small>(24 Hrs)</small>	:

Medication For Induction			
NIL	<input type="checkbox"/>		Other (state)
Ketamine		dose (mg)	
Thiopentone		dose (mg)	
Propofol		dose (mg)	
Fentanyl		dose (mcg)	
Suxamethonium		dose (mg)	
Rocuronium		dose (mg)	

Attempt	Intubator	Specialty + Seniority <small>(eg ED Reg)</small>	No. Previous Intubations <small>(Please circle)</small>	Laryngoscope M =Macintosh V =Video (Type) O =Other (State)	Cormack & Lehane Grade (1-2-3-4)		B =bougie S =stylet N =neither	External Laryngeal Manipulation (Y/N)	Cricoid (Y/N)	Manual In-line Stabilisation (Y/N)
					Direct Vision	Video				
1			<10 10-100 >100							
2			<10 10-100 >100							
3			<10 10-100 >100							
4			<10 10-100 >100							
5			<10 10-100 >100							

*NRBM = Non Re-Breather Mask, BVM = Bag Valve Mask, BVM+PEEP = PEEP Valve attached to BVM, CPAP/BiPAP = NIV for preoxygenation

†NP = Nasal Prongs, BVM = Active Ventilation using BVM after induction until laryngoscopy, CPAP/BiPAP = NIV after induction until laryngoscopy

PI FASE TURN OVER

ETT Placement Confirmation – Tick one only		
Waveform capnography <input type="checkbox"/>	Colour change capnometry <input type="checkbox"/>	Clinical confirmation alone <input type="checkbox"/>

Intubation Manoeuvres – Tick all that apply			
NIL <input type="checkbox"/>	<input type="checkbox"/>	Cricoid pressure removed	<input type="checkbox"/>
Guedel / NPA inserted post induction	<input type="checkbox"/>	LMA inserted post induction	<input type="checkbox"/>
BVM ventilation after failed attempt	<input type="checkbox"/>	Patient position changed	<input type="checkbox"/>
		Surgical airway	<input type="checkbox"/>

Intubation Complications – Tick all that apply			
NIL <input type="checkbox"/>	<input type="checkbox"/>	Oesophageal intubation	<input type="checkbox"/>
Equipment Failure – state what in comments	<input type="checkbox"/>	Mainstem bronchial intubation	<input type="checkbox"/>
Desaturation – SaO ₂ < 93%	<input type="checkbox"/>	Vomit – no aspiration	<input type="checkbox"/>
Bradycardia –HR < 60bpm	<input type="checkbox"/>	Vomit – with aspiration	<input type="checkbox"/>
Hypotension – requiring IV fluid/pressors	<input type="checkbox"/>	Laryngospasm	<input type="checkbox"/>
Dental trauma due to intubation	<input type="checkbox"/>	Medication error	<input type="checkbox"/>
Airway trauma by intubator	<input type="checkbox"/>	Cardiac arrest	<input type="checkbox"/>
Second dose of paralytic agent	<input type="checkbox"/>	Other (State in Comments)	<input type="checkbox"/>

Disposition							
ICU <input type="checkbox"/>	Theatre/ Angio/ Cath Lab <input type="checkbox"/>	Transferred to another hospital <input type="checkbox"/>	Required subsequent re-intubation in ED. Please complete another airway form <input type="checkbox"/>	Extubated in ED <input type="checkbox"/>	Died in ED <input type="checkbox"/>		

Comments

THANK YOU

“LEON” Evaluation	Cormack and Lehane Grading
<p>Look Externally: Facial Trauma Large Incisors Beard or Moustache Large Tongue</p> <p>Evaluate 3-3-2 Rule: Inter incisor distance ≥ 3 fingers Hyoid-mental distance ≥ 3 fingers Thyroid–hyoid distance ≥ 2 fingers</p> <p>Obstruction (eg haematoma, epiglottitis, large tonsils)</p> <p>Neck mobility limited?</p>	

Admin use only:

Data reviewed <input type="checkbox"/>	Data complete <input type="checkbox"/>	More data required <input type="checkbox"/>	Form updated <input type="checkbox"/>	Record complete <input type="checkbox"/>	Sequence No.
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Developed by Toby Fogg, John Vassiliadis, Alex Tzannes, John Mackenzie and Matt Murray.