



Drug Assisted Intubation (DAI) procedural Audit Form

Transport #: _____ Date: _____ Crew members: _____, _____

Indication/s for RSI (see indications below) # ____, # ____, # ____
 (if "other" please explain _____)

INDICATIONS

#1. Altered Mental Status (GCS ≤ 8)	#3. Airway Protection	#6. Shock
#2. Respiratory Insufficiency/Failure	#4. Apnea	#7. Other

Pre Induction

Age _____ years
 Estimated Weight _____ kg
 Pre RSI GCS _____
 Pre RSI Heart Rate _____ bpm
 Pre RSI SPO2 _____ %
 Evidence of vomitus Y or N
 Use of Cricoid Pressure Y or N

Method of pre oxygenation (circle)

1. BVM assist
2. High flow oxygen
3. Other

Post Induction

Use of BVM? Y or N (if yes, use of OP airway Y or N)
 Intubation successful? Y or N (if no, see "use of rescue device")
 # of attempts _____
 Size of ETT _____ mm
 Method of confirmation (# from below) # ____, # ____, # ____
 Evidence of vomiting Y or N

RSI Agent and Dose

Lidocaine _____ mg
 Atropine _____ mg
 Etomidate _____ mg
 Versed _____ mg
 Succinylcholine _____ mg
 Norcuron _____ mg
 Other _____, _____ mg
Appropriate Sequence Y or N

Post RSI Agent and Dose

Etomidate _____ mg
 Versed _____ mg
 Succinylcholine _____ mg
 Norcuron _____ mg
 Other _____, _____ mg

Confirmation Only ETCO2 and EDD are acceptable methods in patients with pulse (all others unreliable)

#1. Direct visualization	#3. Breath Sounds (presence of)	#5. Epigastric sounds (negative)
#2. End Tidal CO2 confirmation	#4. Condensation in ETT	#6. Esophageal Detector Device

Use of Rescue Device (Check appropriate)

N/A _____
 BVM _____ (use of OP airway? Y or N)
 Combitube _____
 EOA _____
 LMA _____
 Surgical Airway _____
 Other _____

Intubation by third party (check appropriate)

Emergency Department _____
 Flight Team _____
 Other _____

Procedural Hemodynamics

(following administration of RSI agents)
 Evidence of:
 ↓ Pulse oximetry > 10% Y or N
 ↓ Heart rate > 25 bpm Y or N
 Appropriate action taken Y or N
 Atropine administration Y or N
 (relative or absolute bradycardia) Y or N

Procedural Complications

Bradycardia Y or N
 Hypoxemia Y or N
 Vomiting Y or N
 Bradysystolic Arrest Y or N

*For each and every RSI, all applicable items should be clearly documented in the PCR

