



# North Country Emergency Medical Services

## Intubation Confirmation



Please make sure copy of waveform capnography strip is attached to PCR and accompanies this form

This form is to be completed with each intubation attempt.  
Intubations require a physician confirmation signature.

Date \_\_\_\_\_ Record # \_\_\_\_\_

Agency \_\_\_\_\_ Agency # \_\_\_\_\_

Pre- Hospital Provider \_\_\_\_\_ AEMT# \_\_\_\_\_

**Location of Intubation:**

On Scene                       Enroute

**Provider Level:**

AEMT-I                       AEMT-CC                       AEMT-P

**Number of Attempts/Student or AEMT (please circle who made each attempt)**

1 Student or AEMT               2 Student or AEMT       3 Student or AEMT       Student or AEMT

**Patient Type**

**Patient**

Medical                       Trauma                       Adult                       Pediatric (≤16 y/o)

**Tube Placement Confirmation (list all documented)**

Visualization       Auscultation       Wave-form Capnography       Color-Metric CO2       EDD

Was this intubation Facilitated?  Yes       No :

If yes what medication and dose? \_\_\_\_\_

Reason for unsuccessful attempt(s): \_\_\_\_\_

Document reason on back if necessary

**Physician Confirmation**

Receiving Hospital \_\_\_\_\_ Hospital Code \_\_\_\_\_

Physician \_\_\_\_\_  
Signature

**Tube Placement Confirmation (list all documented)**

Visualization       Auscultation       Wave-form Capnography       Color-Metric CO2       EDD

Notes: (Include type of secondary airway if used) \_\_\_\_\_