



North Country EMS Emergency Medical Services Intubation Confirmation Study



This form is to be completed with each intubation attempt and sent to the Program Agency with PCR's by the 15th of the following month, agencies completing PCR's electronically must fax or mail this form to the program Agency. All intubation attempts must be documented. Successful intubations require a physician confirmation signature.

Date _____ PCR # _____

Agency _____ Agency # _____

Pre- Hospital Provider _____ AEMT# _____

Location of Intubation:

On Scene Enroute

Provider Level:

AEMT-I AEMT-CC AEMT-P

Number of Attempts:

1 2 3 _____

Patient Type

Medical Trauma Adult Pediatric (<16yo)

Tube Placement Confirmation (list all documented)

Visualization Auscultation Wave-form Capnography Color-Metric CO2 EDD

Physician Confirmation

Receiving Hospital _____ Hospital Code _____

Physician _____
Signature

Tube Placement Confirmation (list all documented)

Visualization Auscultation Wave-form Capnography Color-Metric CO2 EDD

Notes: _____