



NEAR Encounter Data Entry Form, Page 1

Date: _____

Sex: M F

Estimated Weight (kg): _____

Age: _____

Patient Number: _____

Name (or beeper) of person doing airway: _____

Responsible Attending Name: _____

(stamp plate)

MAIN indication for intubation:

- | | |
|--|---|
| <input type="checkbox"/> Med - AW Obstruct | <input type="checkbox"/> Med -seizure |
| <input type="checkbox"/> Med - acute MI | <input type="checkbox"/> Med -shock |
| <input type="checkbox"/> Med - AMS, NOT overdose | <input type="checkbox"/> Med -stroke |
| <input type="checkbox"/> Med -anaphylaxis | <input type="checkbox"/> Special Device |
| <input type="checkbox"/> Med -asthma | <input type="checkbox"/> Trauma -arrest |
| <input type="checkbox"/> Med -cardiac arrest | <input type="checkbox"/> Trauma -burn/ inhalation |
| <input type="checkbox"/> Med -CHF | <input type="checkbox"/> Trauma -combative |
| <input type="checkbox"/> Med-coma | <input type="checkbox"/> Trauma -face/ neck |
| <input type="checkbox"/> Med -COPD | <input type="checkbox"/> Trauma - GSW /stab |
| <input type="checkbox"/> Med -GI bleed | <input type="checkbox"/> Trauma -head injury |
| <input type="checkbox"/> Med -overdose | <input type="checkbox"/> Trauma -polytrauma |
| <input type="checkbox"/> Med -pneumonia | <input type="checkbox"/> Trauma -shock |
| <input type="checkbox"/> Med -pulmonary embolism | <input type="checkbox"/> Other _____ |

Notes:

Course of Intubation – (Include one form for each course, Circle # IF NOT first course: 2 3 4 _____)

A course includes one method, one device, one or more attempts by one or multiple intubators, and one set of medications.

A. Method (Check only one. Use a new form if a second method was used.)

- | | |
|--|--|
| <input type="checkbox"/> Nasal - no meds | <input type="checkbox"/> Oral - no meds |
| <input type="checkbox"/> Nasal - topical or sedation | <input type="checkbox"/> Surgical - Cricothyrotomy |
| <input type="checkbox"/> Oral - RSI (must specify paralytic below) | <input type="checkbox"/> Surgical - needle |
| <input type="checkbox"/> Oral - sedation without paralysis | <input type="checkbox"/> Surgical - Tracheostomy |
| <input type="checkbox"/> Special device (specify in Part B) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Oral - awake, topical or sedation | |

B. Device (Check only one. Use a new form if a second device was used.)

- | | |
|--|--|
| <input type="checkbox"/> Fiberoptic-flex | <input type="checkbox"/> I-LMA only |
| <input type="checkbox"/> Fiberoptic-rigid | <input type="checkbox"/> Percutaneous needle |
| <input type="checkbox"/> LMA | <input type="checkbox"/> Percutaneous cric set |
| <input type="checkbox"/> I-LMA with intubation | <input type="checkbox"/> Surgical cric set |
| <input type="checkbox"/> Laryngoscope | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Laryngoscope with FlexGuide | |
| <input type="checkbox"/> Lighted stylet | |

