



# Riverview Health EMS Education

## EMS PROVIDER INTUBATION REPORT

This document should be used by paramedics affiliated with Riverview Health to document successful endotracheal intubations. Forward to the EMS Education Office and retain a copy for your records.

Date: \_\_\_\_\_ Paramedic: \_\_\_\_\_ Agency: \_\_\_\_\_

\_\_\_\_\_

Clinical Setting:    **Pre-hospital**                      **Emergency Room**                      **Operating Room**  
(Circle One)

\_\_\_\_\_

**Operating Room:**

Number of successful endotracheal intubations during clinical visit: \_\_\_\_\_

Signature and Credentials of person verifying / witnessing intubations: \_\_\_\_\_

\_\_\_\_\_

**Pre-hospital or Emergency Room:**

Adult or pediatric: \_\_\_\_\_ Tube Size: \_\_\_\_\_ Blade Type: Mac \_\_\_\_\_ Miller \_\_\_\_\_

**Assisting devices:**    Bougee                      King Vision                      Sellick's Maneuver                      BURP Maneuver

**Method of ETT placement confirmation:**    Cords Visualized                      Tube Condensation  
(Circle all that apply)

EtCO2                      Bilateral Breath/Negative Epigastric Sounds

Continuous Pulse Oximetry                      Intubation Detector Bulb

\_\_\_\_\_

**Associated problems or experiences:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature/Credentials of person verifying intubation with comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_