

Endotracheal Intubation Procedure Note

INDICATION: _____

PROCEDURE OPERATOR: _____

ATTENDING PHYSICIAN: _____ In Attendance (Y/N) _____

CONSENT:

Consent was obtained from _____ prior to the procedure. Indications, risks, and benefits were explained at length.

The procedure was performed emergently and the permission was implied because of the emergent nature.

PROCEDURE SUMMARY:

A time out was performed. My hands were washed immediately prior to the procedure. I wore a surgical cap, mask with protective eyewear, gown and gloves throughout the procedure. The patient was placed on a cardiac monitor including continuous pulse oximetry. Rapid Sequence Intubation was conducted. The patient received _____ mg of _____ for induction and _____ mg of _____ for adequate paralysis. Cricoid pressure was maintained from time induction agent was given to time of cuff balloon inflation. Using a _____ laryngoscope and a size _____ endotracheal tube with stylet, the patient was intubated on the _____ attempt. The stylet was removed and cuff balloon was inflated. Appropriate endotracheal tube position was confirmed by direct visualization of vocal cord passage, fogging of the tube, CO2 colometric indicator and symmetric breath sounds. The tube was secured at _____ cm at the lips. Post intubation chest x-ray is pending at this time.

COMMENT:

ESTIMATED BLOOD LOSS: _____ ml

Physician Signature _____ ID# _____ Date _____ Time _____



VENTURA COUNTY MEDICAL CENTER
SANTA PAULA HOSPITAL
ENDOTRACHEAL INTUBATION
PROCEDURE NOTE

Patient Label
or
Two Patient Identifiers