**Endotracheal Intubation Clinical Skills Assessment**

Fellow Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Performed? |
| Indepen-dently | Correctly w/ prompts | Incorrectly | No |
|  |  |  |  |  | Pre-procedure |
|  |  |  |  | Informed consent obtained correctly (indicate if emergency procedure) |
|  |  |  |  | Hands washed and universal protocol followed |
|  |  |  |  | Airway assessment performed |
|  |  |  |  | Required personnel present (RN, RT) |
|  |  |  |  | Required equipment/monitoring assembled (BVM, ETT, stylet, laryngoscope, suction, SaO2, BP, telemetry, end-tidal CO2 monitor) |
|  |  |  |  | Patient appropriately positioned |
|  |  |  |  | Available backup plan verbalized |
|  |  |  |  | RSI/sedation medications ordered in correct dosages |
|  |  |  |  | Procedure |
|  |  |  |  | Patient pre-oxygenated prior to procedure |
|  |  |  |  | Laryngoscope blade manipulated properly |
|  |  |  |  | Vocal cords visualized |
|  |  |  |  | Airway passed into trachea with visualization |
|  |  |  |  | ETT positioning confirmed by objective measures (e.g. auscultation, CO2 detection) |
|  |  |  |  | ETT secured in place |
|  |  |  |  | Post-procedure |
|  |  |  |  | ETT placement confirmed by CXR |

Number of attempts required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overall performance:**

* Performed independently *without* prompting
* Performed completely and correctly *with* prompting
* Performed partially or incorrectly

Comments (list complications/needed improvements as well): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_