AIRWAYS-2 Version 2.0 20/05/2015

Paramedic AIRWAYS-2 ID _____

1. INCIDENT DETAILS

Incident number _____

Trust specific paramedic number _____

Date of cardiac arrest __ __ / __ __ / __ __ __ __ (d d / m m / y y y y)

Time of cardiac arrest __ __ : __ __ (24 hr clock)

Date of your arrival at incident __ __ / __ __ / __ __ __ __ (d d / m m / y y y y)

Time of your arrival at incident __ __ : __ __ (24 hr clock)

Were you the first or second paramedic at patient's side *First* ☐ *Second* ☐

Responding status? *Solo responder* ☐ *Crew* ☐

2. PATIENT DETAILS

Patient name _____ Sex *Male* ☐ *Female* ☐

Patient age/ date of birth (estimate if necessary) _____

3. INITIAL CARDIAC ARREST DETAILS

Presenting rhythm (initial arrest) *Asystole* ☐ *VF* ☐ *Pulseless VT* ☐ *PEA* ☐ *Unknown* ☐

Was the arrest witnessed? *Yes* ☐ *No* ☐ If **YES** *AIRWAYS-2 paramedic* ☐ *Ambulance staff* ☐ *Non Ambulance staff* ☐

Was there bystander/responder CPR before emergency response vehicle arrival? *Yes* ☐ *No* ☐

Was there bystander/responder defibrillation before emergency response vehicle arrival? *Yes* ☐ *No* ☐ If **YES**, did this achieve return of spontaneous circulation (ROSC)? *Yes* ☐ *No* ☐

4. ON THE ARRIVAL OF AN AIRWAYS-2 PARAMEDIC

Did the patient have ROSC? *Yes* ☐ *No* ☐

Was airway management in progress on arrival? *Yes* ☐ *No* ☐

If **YES**:

Type of airway management in progress (please tick one) *BVM only* ☐ *OPA* ☐ *NPA* ☐ *i-gel* ☐ *ETT* ☐ *Other SGA* ☐ specify _____ *Other* ☐ specify _____

Were successful ventilations ongoing (visible chest rise)? *Yes* ☐ *No* ☐

5. REGURGITATION

Did the patient regurgitate **before** your initial i-gel/ETT attempt? *Yes* ☐ *No* ☐ If **YES**, did the patient aspirate *Yes* ☐ *No* ☐

Did the patient regurgitate **during or after** your initial i-gel/ETT attempt? *Yes* ☐ *No* ☐ If **YES**, did the patient aspirate *Yes* ☐ *No* ☐

6. AIRWAYS-2 PARAMEDIC AIRWAY MANAGEMENT

Was end tidal carbon dioxide (CO_2) monitoring/capnography used? *Yes* ☐ *No* ☐ If **NO**, reason not used? *Unavailable* ☐ *Faulty equipment* ☐

If **YES**, which type of CO_2 monitoring: (tick all that apply) *Colour only* ☐ *Capnometry (number only)* ☐ *Capnography (waveform)* ☐

Was mechanical CPR used at any stage during the resuscitation *Yes* ☐ *No* ☐

Was airway management handed over to another clinician during pre-hospital phase of care? *Yes* ☐ *No* ☐ If **YES**, specify *Doctor* ☐ *Nurse* ☐ *Paramedic* ☐

7. PATIENT OUTCOME

Was the patient? *Admitted to ED* ☐ *Resuscitation stopped* ☐

Date & time patient left the scene/ resuscitation stopped __ __ / __ __ / __ __ __ __ __ __ : __ __ (d d / m m / y y y y / 24 hr clock)

IF ADMITTED TO ED

Name of hospital _____ Date & time of arrival at hospital __ __ / __ __ / __ __ __ __ __ __ : __ __ (d d / m m / y y y y / 24 hr clock)

Did extra staff (beyond those who arrived in the vehicle) travel with the patient? *Yes* ☐ *No* ☐

Did the patient have a ROSC on ED admission ? *Yes* ☐ *No* ☐

8. AIRWAYS-2 ALGORITHM

In your opinion, was the Airways-2 algorithm followed for this patient? *Yes* ☐ *No* ☐ If **NO**, why? _____

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Complete one column for each airway management attempt undertaken by an AIRWAYS-2 paramedic (or supervised student)

STAGE		Initial	2nd	3rd	4th	5th	6th
Airway managed by	AIRWAYS-2 paramedic	☐	☐	☐	☐	☐	☐
	Supervised student paramedic	☐	☐	☐	☐	☐	☐
Airway management	OPA	☐	☐	☐	☐	☐	☐
	NPA	☐	☐	☐	☐	☐	☐
	i-gel	☐	☐	☐	☐	☐	☐
	ETT	☐	☐	☐	☐	☐	☐
	Other SGA (specify)	☐	☐	☐	☐	☐	☐
	Other (specify)	☐	☐	☐	☐	☐	☐
Ventilation success (visible chest rise) and $ETCO_2$	Yes	☐	☐	☐	☐	☐	☐
	No	☐	☐	☐	☐	☐	☐
If **NO**, reason unsucessful (tick all that apply)	Could not insert into mouth	☐	☐	☐	☐	☐	☐
	Inserted, but would not position correctly	☐	☐	☐	☐	☐	☐
	Inserted and positioned, but would not ventilate	☐	☐	☐	☐	☐	☐
	Regurgitation/aspiration	☐	☐	☐	☐	☐	☐
	Oesophageal intubation	☐	☐	☐	☐	☐	☐
	Inadequate view (intubation only)	☐	☐	☐	☐	☐	☐
	Other (specify)	☐	☐	☐	☐	☐	☐
If an airway was established, was it later lost?	Yes *(complete next column)*	☐	☐	☐	☐	☐	☐
	No	☐	☐	☐	☐	☐	☐
If **YES**, reason (tick all that apply)	Moving patient	☐	☐	☐	☐	☐	☐
	Transportation	☐	☐	☐	☐	☐	☐
	Other (specify)	☐	☐	☐	☐	☐	☐
Was ROSC achieved during this airway management stage?	Yes	☐	☐	☐	☐	☐	☐
	No	☐	☐	☐	☐	☐	☐
IF AIRWAY MANAGEMENT WAS I-GEL							
Size	3, 4 or 5						
Was there an air leak with i-gel inserted?	Yes	☐	☐	☐	☐	☐	☐
	No	☐	☐	☐	☐	☐	☐
If **YES**, was the leak	Minimal	☐	☐	☐	☐	☐	☐
	Moderate	☐	☐	☐	☐	☐	☐
	Significant	☐	☐	☐	☐	☐	☐
If **YES**, was ventilation adequate?	Yes	☐	☐	☐	☐	☐	☐
	No	☐	☐	☐	☐	☐	☐
IF AIRWAY MANAGEMENT WAS ETT							
Size	mm						
Was a bougie used?	Yes	☐	☐	☐	☐	☐	☐
	No	☐	☐	☐	☐	☐	☐

Thank you for completing this data collection form.
Now please contact your local research paramedic with the highlighted details overleaf.

IRWAYS$_2$

PATIENT SCREENING

H1

Patient Name: _____ **Patient ID:** | | | | | | | | |

PATIENT APPROACH: COMPLETE FOR ALL PATIENTS

Was the patient approached in hospital? *Yes* ☐ *No* ☐

If **NO**, please provide reason _____

If **YES**, date of approach __ __ / __ __ / __ __ __ __ (d d / m m / y y y y)

If the patient **was** approached in hospital, were they given a PIL? *Yes* ☐ *No* ☐

If **NO**, please provide reason _____

If the patient **was not** approached in hospital, was study information (including PIL) sent in the post? *Yes* ☐ *No* ☐

If **NO**, please provide reason _____

If **YES**:

Date information sent __ __ / __ __ / __ __ __ __ (d d / m m / y y y y)

Did the patient respond? *Yes* ☐ *No* ☐

If either of the shaded boxes are selected, please complete the following consent section.
If not, please move on to form H_2.

PATIENT CONSENT: COMPLETE IF PIL GIVEN / PIL SENT AND PATIENT RESPONDED

Which consent option did the patient select?

Option A ☐

Option B ☐

Option C ☐

Consent form not signed ☐

Date of consent __ __ / __ __ / __ __ __ __ (d d / m m / y y y y)

Please upload consent form to the database

Name of person completing form* (capitals): _____

Signature of person completing form: _____ Date completed *(dd/mm/yyyy)*: __ __ / __ __ / __ __ __ __