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**Endotracheal Intubation Procedure Note**

**DATE/Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INDICATION:**

Airway protection

Hypoxemic respiratory failure

Hypercapnic respiratory failure

**CONSENT:**

The procedure was discussed with the patient/patient's decision maker, including the indications, risks, benefits, and alternatives. All questions were answered. Written consent that matched the planned procedure and the procedure site was obtained and placed in the chart.

The procedure was emergent, the patient was unable to provide consent, and a designee was not immediately available.

**TIME OUT:**

Patient’s ID was verified by confirming the patient’s wrist band for name, date of birth, and medical record number. The procedure was announced and everyone in the room was in agreement with the patient’s identity and the procedure to be performed.

**PERFORMED BY:**

**PROCEDURE SUMMARY:**

The patient was lying in the supine position. Preoxygenation via Choose an item. was provided for a minimum of 3 minutes. The patient had continuous cardiac as well as pulse oximetry monitoring during the procedure. Rapid sequence induction was provided by administration of \_\_\_\_\_\_\_ mg of Choose an item. and \_\_\_\_\_\_\_ mg of Choose an item.A number Choose an item. Of Choose an item.was used to directly visualize the vocal cords. A Choose an item.mm endotracheal tube was visualized advancing between the cords to a level of Choose an item.cm at the Choose an item.. The sylette was then removed and discarded. Tube placement was also noted by fogging in the tube, equal and bilateral breath sounds, no sounds over the epigastrium, and end-tidal colorimetric monitoring. The cuff was then inflated with 10cc’s of air and the tube secured using a commercially available device. A good pulse oximetry wave form was seen on the monitor throughout the procedure. The patient was then connected to the ventilator. The patient tolerated the procedure well.

**POST-PROCEDURE CHEST X-RAY**: Tube is in good position.