



**EMERGENCY MEDICINE RESIDENCY PROGRAM  
AIRWAY MANAGEMENT COMPETENCY FORM**

Resident: \_\_\_\_\_

Date: \_\_\_\_\_

Attending Physician: \_\_\_\_\_

Location: \_\_\_\_\_

**I. PREPARATION:**

		Comments:
Personally assembled and tested all necessary equipment (e.g., blades, ET tubes, oral/nasal airways, suction, BVM, etc.)	Y N	
Properly positioned himself/herself at the head of the bed and all necessary equipment within arm's reach	Y N	
Verbalized an appropriate "Plan B" should initial attempts at airway management fail (e.g., use of a different type blade, gum elastic bougie, cric., etc.)	Y N NA	

**II. MEDICATION MANAGEMENT:**

		Comments:
Ordered an appropriate <u>induction</u> and <u>paralytic drug</u> , demonstrating understanding of the particular indications/contraindications for this drug	Y N NA	
Ordered appropriate post-intubation <u>sedation</u> medication, demonstrating understanding of the particular indications/contraindications for this drug	Y N NA	

**III. AIRWAY TECHNIQUE:**

		Comments:
Properly positioned patient/head	Y N NA	
Effectively performed bag-mask-valve ventilation	Y N NA	
Maintained a patent airway (with good positioning, oral/nasal trumpets, etc.) prior to intubation	Y N NA	
Properly applied cricoid pressure	Y N NA	
Demonstrated proper use of a laryngoscope and proper ET tube placement	Y N	
Confirmed proper tube placement with:	- Auscultation	Y N NA
	- End-tidal CO <sub>2</sub>	Y N NA
	- CXR	Y N NA
Applied necessary alternate rescue airway technique(s)	Y N NA	

**IV. VENTILATOR MANAGEMENT:**

		Comments:
Ordered <u>appropriate initial</u> ventilator settings	Y N NA	

**V. DOCUMENTATION:**

		Comments:
Medications ordered on order sheet	Y N	
Procedure documented in chart	Y N	

**COMPETENT**                       **NEEDS IMPROVEMENT**

**Please place completed forms in the Resident Evaluation Card box**