



Candidate: _____ Examiner: _____

Date: _____ Signature: _____

NOTE: If candidate elects to ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by ** so long as first ventilation is delivered within initial 30 seconds.

Takes or verbalizes infection control precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct [either oropharyngeal or nasopharyngeal airway]	1	
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct		
**Ventilated patient immediately with bag-valve-mask device unattached to oxygen	1	
**Hyperventilates patient with room air	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%		
Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator [12-15 liters/min.]	1	
Ventilates patient as a rate of 10-20/minute with appropriate volumes	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical control has ordered intubation. The examiner must now take over ventilation.		
Directs assistant to pre-oxygenate patient	1	
Identifies/selects proper equipment for intubation	1	
Checks equipment for: - Cuff leaks (1 point) - Laryngoscope operational and bulb tight (1 point)	2	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate		
Positions head properly	1	
Inserts blade while displacing tongue	1	
Elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Inflates cuff to proper pressure and disconnects syringe	1	
Directs ventilation of patient	1	
Confirms proper placement by auscultation bilaterally and over epigastrium	1	
NOTE: Examiner to ask "If you had proper placement, what would you hear?"		
Secures ET tube [may be verbalize]	1	
NOTE: Examiner now asks candidate, "Please demonstrate one additional method of verifying proper tube placement in this patient."		
Identifies/selects proper equipment	1	
Verbalizes findings and interpretations (compares indicator color to the colorimetric scale and states reading to examiner)	1	
Note: Examiner now states, "You see secretions in the tube and hear gurgling sounds with the patient's exhalation."		
Identifies/selects a flexible suction catheter	1	
Pre-oxygenates patient	1	
Marks maximum insertion length with thumb and forefinger	1	
Inserts catheter into the ET tube leaving catheter port open	1	
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	1	
Ventilates/directs ventilation of patient as catheter is flushed with sterile water	1	
TOTAL TO PASS 19		27

CRITICAL FAILURE

- ___ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilation for greater than 30 seconds at any time
- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate patient at rate of at least 10/min
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Failure to pre-oxygenate patient prior to intubation and suctioning
- ___ Failure to successfully intubate within 3 attempts
- ___ Failure to disconnect syringe immediately after inflating cuff of ET tube
- ___ Uses teeth as a fulcrum
- ___ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
- ___ If used, stylette extends beyond end of ET tube
- ___ Inserts any adjunct in a manner dangerous to patient.
- ___ Suctions the patient for more than 15 seconds
- ___ Does not suction the patient

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.