

CASE RECORD FORM

aDverse EvenTs duRING artIficial airway Management in Indian ICUs (DETRIMENT): A prospective multicentre cohort study

Date:

Sr. No: Case No: Age: year Sex: M / F

Ht: cms Wt:.....kg BMI:

Date of Hospital admission: Date of ICU admission:

Date of ICU discharge Date of Hospital discharge:

Primary diagnosis: ICU diagnosis:

Airway (ETT) details

Indication for intubation: Type 1 RF / Type 2 RF / Airway protection / Shock / Other (please specify)

Date of intubation: ----- Size of ETT ----- Fixed with Tie .../Tape... Nasal / Oral

Distance of ETT Fixed at Incisor -----

Cuff Pressure ...

SOFA score on date of intubation -----

Difficult airway on assessment: Yes / No

Number of attempts at intubation: Number of operators:

Humidification method used during mechanical ventilation:

HME/ Heated Humidifier (HH)/Other, Please specify _____

Accidental extubation / self extubation: Yes / No

Difficulty in ventilation, due to blocked ETT/TT: Yes / No

Was the ETT / TT fully blocked / Partially blocked? Fully blocked / partially blocked

Accidental Partial extubation: Yes / No (leak heard during ventilation)

Any other complications related to the ETT / TT: Yes / No, if yes, please specify _____

Date and time of event:

Did the event lead to any complication? Yes / No.

If yes, specify: (severe hypoxia < 80%, arrhythmias, severe hypotension, cardiac arrest, aspiration of gastric contents)

Duration of intubation:

Number of nurses in that shift: Number of residents in that shift:

Was any procedure being done at the time of airway mishap? Yes / No

If yes: what was being done: -----

Was nurse present at bedside during at the time of incident? Yes / No

Was a resident present at bedside during at the time of incident? Yes / No

RASS score at the time of airway mishap:.....

CAM-ICU score at the time of airway mishap:

Was extubation planned for the day of the event: Yes / No

Sedation infusion at the time of airway accident

Drug1 Name: concentration: Rate of infusion:

Drug1 Name: concentration: Rate of infusion:

Drug1 Name: concentration: Rate of infusion:

Immediate/ Urgent reintubation needed? Yes / No

If yes, technique used for intubation:

Complications during reintubation:

If not reintubated, what other modality was used: HFNC / NIV / Face mask / Nasal prongs

Was the patient reintubated during the ICU stay? (Other than at the time of mishap) Yes

/No

Date of reintubation:

Was tracheostomy performed during ICU stay: Yes / No

Total number of days on mechanical ventilation.....

Sedation details

1. Technique (tick the technique used)
 - a. No sedation, only intermittent boluses of opioid analgesia
 - b. Continuous opioid infusion with benzodiazepine intermittent boluses
 - c. Continuous infusion of opioid analgesia and benzodiazepine sedation
 - d. Dexmedetomidine infusion
 - e. Propofol infusion
2. Was daily sedation interruption being practiced in this patient? Yes / No
3. RASS score at the time of self extubation:
4. Was patient delirious at the time of self/accidental extubation (CAM ICU): Yes / No
5. Technique of ETT fixation: Sticking & tie / Sticking alone
6. Distance at which the ETT was fixed at the incisor level before the incidence cm

Ventilatory Parameters:

1. Was patient being weaned at the time of the event: Yes / No
2. Was physical restraint being used: Yes / No
3. If used, what was the method of restraint:
4. Mode of mechanical ventilation at the time of event: Yes / No
5. Ventilatory parameters at the time of event: TV ml RR FiO2
PEEP cm H₂O
6. Was NIV/HFNC used immediately after the event

ABG at the time of / immediately after the event: (if performed)

pH:

PO₂:

PCO₂:

Bicarb:

P/F Ratio:

Patient Outcomes

Duration of ICU stay-----days

ICU discharge status: survived / died

Duration of hospital stay ----- days

Hospital discharge status:

survived / died