



Hudson Valley Regional Emergency Medical Services Council
 45 Academy Avenue
 Cornwall on Hudson, NY 12520
 Phone:(845) 534-2430 ~ Fax:(845) 534-3070
 E-Mail: hvremSCO@hvremSCO.org ~ Website: www.hvremSCO.org

Advanced Airway Placement and Verification QI Report

Information below to be completed by EMS provider in charge of patient on arrival at ED

Date: EMS Agency Name: Run#
Month Day Year

AEMT Level (circle one): **I CC P RSI**
 AEMT Last Name (Print) AEMT# HVREMAC#

Type of Advanced Airway Placed: Pre-Hospital Secondary Confirmation Method:

Endo-Tracheal Tube LMA Auscultation Esophageal Detector

Combi-Tube/King Airway Surgical Airway ETCO₂ Detector Waveform Capnography

Information below to be completed by the receiving physician at Emergency Department

Hospital Verification of ET Tube placement: Physician Name (Print) Physician Initial

Trachea Right Main Stem Esophagus

Hospital Verification Method:

Auscultation Esophageal Detector Device ETCO₂ Detector X-Ray Visualization

EMS Providers: Submit with PCR to EMS Agency EMS Agency: Attach to PCR Yellow Copy



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