

# OBSERVED PL Intubation

Property of Dr. Carla Lamb, Lahey Clinic, Interventional Pulmonology, Director of Bronchoscopy

Name of operator:

Patient ID:

Date of procedure:

Name of evaluator:

Yes	No	N/A		COMPETENCIES*					
				PC	MK	PBLI	ICS	P	SBP
			Consent obtained/ Rec. Need	X	X		X	X	
			Preparation of airway and medications	X	X	X			
			Universal protocol followed	X					X
			Cap, eye protection, mask	X					X
			Position patient	X					
			Disinfect hands	X					X
			Proper use of oral airway	X					X
			Gloves	X					X
			Bag /Mask ventilation to target 100%	X					
			Supplemental oxygen	X					X
			No.3 or 4 laryngoscopic blade/ func.	X					
			ETT ( 7-8.5)	X					X
			10 cc syringe	X					
			Suction	X					
			Smooth insertion of blade	X					
			Lift handle in direction of handle	X					
			Visualize vocal cords	X					
			Pass ETT w/ cuff just thru cords	X					
			No interval > 30 sec w/out ventilation	X					
			Inflate cuff ( 5-10 cc)	X					
			Listen for placement / capnography	X					
			Maintain ventilation	X					
			Secure airway	X				X	
			Check chest x-ray	X	X	X		X	
			Procedure note	X	X			X	X

Satisfactory  
 Needs improvement

\*PC = Patient care  
 MK = Medical knowledge  
 PBLI = Practice-based learning and improvement  
 ICS = Interpersonal and communication skills  
 P = Professionalism