

ICU **Draft 6/14/05**
INTUBATION PROCEDURE NOTE

Date: _____
Time: _____

Indication:
 Respiratory Failure
 Airway Protection
 Other: _____

Route:
 Orotracheal
 Nasotracheal

Sedation:
 Cetacaine
 Parenteral: _____

Blade Type:
 Mac
 Miller Size: 2 3 4

Tube Size: 6 7 8
 6.5 7.5 8.5
 9

Complications:
 None Esophageal Intubation
 Mainstem Intubation Unsuccessful attempt
 Other _____

Breath Sounds: Equal B/L ET CO2 Confirmed
 Diminished
 Other: _____

CXR: Pending Tube in good position Malpositioned Tube

Physician's Signature _____ **Date** _____