

Pedi-COVID

Please complete COVID-19 Form

Thank you for participating in this survey designed to learn about airway management during the COVID-19 pandemic.

This survey does not collect any identifiable information about clinicians or patients.

By completing this survey you consent to the PeDI-C collecting the information provided.

Completing this survey will not impact employment of any clinicians at any institution and the information cannot be linked back to any individual clinician or patient.

For questions please contact

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Your Site

- ALBERTA_CAN
 BAYLOR
 BCH
 CHOP
 CLEVELAND
 COLORADO
 CORNELL
 DUKE
 ERASMUS_NLD
 Gaslini Genoa_ITA
 HSC
 JHU
 JHUFL
 LURIECHILDRENS
 MAINE
 MELBOURNE_AUS
 MGH
 MICHIGAN
 MINNESOTA
 NATIONAL_MEX
 NATIONWIDE
 AI Dupont
 NYU
 PERTH_AUS
 PONTIFICAL_CHL
 ROOSEVELT
 SEATTLE
 STANFORD
 UCDAVIS
 UCLA
 UMMC
 UT
 UTSW
 UWMADISON
 VANCOUVER
 VANDERBILT
 WAKEFOREST
 WASHU
 Yale
 Other3
 Other4
 Other5
 Test
 (If your site is not listed, contact hup@chop.edu)

Your Site's Name

Demographics

Patient Age Range

- ≥ 2 yo
 Age < 2 yo > 1 month
 Age < 1 month

Age in Years

(Year old only)

Age in Months

(0-23 month old)

 Age in days

 Age (Calculated)

(Months)

 Gender

- Male
 Female
-

 Weight

((kg))

 Calculated wt range

 Calculated wt range

 Alert! Weight is out normal range. Check weight or age!

 Confirm age and/or weight

-
- Confirmed
-

 Patients ASA Physical Status

- ASA I (Healthy Patient)
 ASA I Emergency
 ASA II (Mild Systemic Disease)
 ASA II Emergency
 ASA III (Severe Systemic Disease)
 ASA III Emergency
 ASA IV (A Patient With Severe Systemic Disease That Is A Constant Threat To Life)
 ASA IV Emergency
 ASA V (A moribund patient not expected to survive without the operation)
 ASA V Emergency
 ASA VI (A declared brain-dead patient whose organs are being removed for donor purposes)]
 ASA VI Emergency
-

 Does The Patient Have a History of A Difficult Airway?

- Yes
 No
-

 Did the patient have a normal pre-anesthetic oxygen saturation ?

- Yes
 No
-

 Location

- Operating Room/ Operating Theater
 Emergency Department
 General Medical Floor
 Intensive Care Unit
 Post Anesthesia Care Unit
 None OR Anesthesia [MRI, Interventional Rad, Oncology, GI]
 Other
-

 Other Location

COVID Status	<input type="radio"/> Negative COVID-19 Laboratory Test Confirmed <input type="radio"/> Positive COVID-19 Laboratory Test Confirmed <input type="radio"/> Unknown, COVID-19 Laboratory Test Pending <input type="radio"/> Unknown, No COVID-19 Laboratory Test Pending
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Does the patient have a recent (2 weeks) COVID-19 Exposure or come from a high prevalence area?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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What is the Presumed COVID status of this patient?	<input type="radio"/> Presumed Positive <input type="radio"/> Presumed Negative
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What is the context of this management?	<input type="radio"/> Emergent or Non-Emergent Tracheal intubation (Non-Anesthesia Case) <input type="radio"/> Anesthetic Care
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Does the Patient Have Any COVID-19 Symptoms? [Headache, Sore Throat, Cough, Myalgias, Fever, Anosmia, Diarrhea, Dyspnea]	<input type="radio"/> YES <input type="radio"/> No <input type="radio"/> Unknown
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Type of Room	<input type="radio"/> Negative Pressure Rm <input type="radio"/> Neutral Pressure Rm <input type="radio"/> Positive Pressure Rm <input type="radio"/> Unknown
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Number of People Assisting in initial Airway management	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8+
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Person 1 attire (primary airway manager)	<input type="checkbox"/> Surgical mask <input type="checkbox"/> N95 <input type="checkbox"/> N100 /P100 <input type="checkbox"/> FFP 2 <input type="checkbox"/> FFP 3 <input type="checkbox"/> PAPR/CAPR - Powered Air Purifying Respirator <input type="checkbox"/> Headcover <input type="checkbox"/> Scarf/ Bandana <input type="checkbox"/> Impervious gown/surgical gown (level 3) <input type="checkbox"/> Full Bodysuit <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Eye Protection <input type="checkbox"/> Face Shield <input type="checkbox"/> Double Gloves <input type="checkbox"/> Triple Gloves (Check All That Apply)
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Person 2 attire (secondary airway manager)

- Surgical mask
 - N95
 - N100 /P100
 - FFP 2
 - FFP 3
 - PAPR/CAPR - Powered Air Purifying Respirator
 - Headcover
 - Scarf/ Bandana
 - Impervious gown/surgical gown (level 3)
 - Full Bodysuit
 - Shoe Covers
 - Eye Protection
 - Face Shield
 - Double Gloves
 - Triple Gloves
- (Check All That Apply)

Primary Airway Management Approach

- Low Flow Nasal Cannula O2 [< 0.5 liters/kg/min]
- High Flow Nasal Cannula O2 [≥ 0.5 liters/kg/min]
- Oxygen Mask
- Anesthetic Face Mask
- Supraglottic Airway Device/Laryngeal Mask
- Endotracheal Tube
- Other

Other Airway Management Approach

Induction Technique

- Inhalational Induction
- Intravenous Induction
- Intramuscular Induction
- Rapid Sequence Induction
- Modified Rapid Sequence Induction

Medications used for induction/Intubation

- Fentanyl
- Midazolam
- Propofol
- Etomidate
- Ketamine
- Vecuronium
- Rocuronium
- Other non-depolarizing neuromuscular blocking agent
- Succinylcholine
- Lidocaine IV
- Lidocaine Topical
- Dexmedetomidine
- Sevoflurane
- Air
- Oxygen
- Nitrous Oxide
- other

Other Medication Used for Tracheal Intubation

Airway adjuncts used during Induction & Intubation

- Mask ventilation/assisted ventilation
 Low-Flow Nasal Cannula O2 [≤ 0.5 Liters/Kg/Minute]
 Hi-Flow Nasal Cannula O2 [≥ 0.5 Liters/Kg/Minute]
 Modified Nasal trumpet/Nasopharyngeal Airway
 (Check All That Apply)

Attempts

Number of Attempts

- 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Clinician for the 1st attempt

- Anesthesia Attending/Consultant Anesthetist
 Anesthesia Fellow
 Anesthesia Resident/ Registrar
 Certified Registered Nurse Anesthetist
 Anesthesia Assistant
 Student Registered Nurse Anesthetist
 Other

Other Clinician for Attempt 1

Airway device used for the 1st attempt

- Direct Laryngoscopy (DL)
 Standard Blade VL (Can perform DL with the blade)
 Hyperangulated or Non Standard Blade VL (Not designed to perform DL e.g GlideScope Cobalt, Airtraq, Truview etc)
 Freehand Fiberoptic
 Fiberoptic through a Supraglottic Airway
 Face Mask Anesthesia
 Supraglottic Airway/Laryngeal Mask
 Other

Other Device for Attempt 1

Clinician for the 2nd attempt

- Anesthesia Attending/Consultant Anesthetist
 Anesthesia Fellow
 Anesthesia Resident/ Registrar
 Certified Registered Nurse Anesthetist
 Student Registered Nurse Anesthetist
 Other

Other Clinician for Attempt 2

Airway device used for the 2nd attempt

- Direct Laryngoscopy (DL)
- Standard Blade VL (Can perform DL with the blade)
- Hyperangulated or Non Standard Blade VL (Not designed to perform DL e.g GlideScope Cobalt, Airtraq, Truview etc)
- Freehand Fiberoptic
- Fiberoptic through a Supraglottic Airway
- Face Mask Anesthesia
- Supraglottic Airway/Laryngeal Mask
- Other

Other Device for Attempt 2

Clinician for the 3rd attempt

- Anesthesia Attending/Consultant Anesthetist
- Anesthesia Fellow
- Anesthesia Resident/ Registrar
- Certified Registered Nurse Anesthetist
- Student Registered Nurse Anesthetist
- Other

Other Clinician for Attempt 3

Airway device used for the 3rd attempt

- Direct Laryngoscopy (DL)
- Standard Blade VL (Can perform DL with the blade)
- Hyperangulated or Non Standard Blade VL (Not designed to perform DL e.g GlideScope Cobalt, Airtraq, Truview etc)
- Freehand Fiberoptic
- Fiberoptic through a Supraglottic Airway
- Face Mask Anesthesia
- Supraglottic Airway/Laryngeal Mask
- Other

Other Device for Attempt 3

Clinician for the 4th attempt

- Anesthesia Attending/Consultant Anesthetist
- Anesthesia Fellow
- Anesthesia Resident/ Registrar
- Certified Registered Nurse Anesthetist
- Student Registered Nurse Anesthetist
- Other

Other Clinician for Attempt 4

Airway device used for the 4th attempt

- Direct Laryngoscopy (DL)
- Standard Blade VL (Can perform DL with the blade)
- Hyperangulated or Non Standard Blade VL (Not designed to perform DL e.g GlideScope Cobalt, Airtraq, Truview etc)
- Freehand Fiberoptic
- Fiberoptic through a Supraglottic Airway
- Face Mask Anesthesia
- Supraglottic Airway/Laryngeal Mask
- Other

Other Device

Describe the Details below for each attempt beyond the 4th attempt:

Attempt Number:

Clinician Type Making Attempt:

Device Used:

Failed or Successful:

Was a barrier Used to prevent droplet and aerosol spread during Intubation?

- Yes
- No

What type of Barrier was used for Airway Management

- Plastic Barrier Over Patient
- Plastic Barrier Under Patient
- Transparent Box
- Transparent Shield
- Other

Other Barrier

Was the Patient Extubated?

- Yes
- No
- N/A

Extubation Technique

- Awake
- Deep or Not awake

Extubation Location

- Operating Room
- Intensive Care Unit
- Post-Anesthesia Care Unit
- Other

Other Extubation Location

Extubation Location Type

- Negative Pressure
- Positive Pressure
- Neutral Pressure
- Unknown

Extubation Barrier used

- No Barrier
 Plastic Barrier Over Patient
 Plastic Barrier Under Patient
 Transparent Box
 Transparent Shield
 Other

Other Precautions Used

Complications

Did any complications occur at Induction or Emergence

	At Induction	At Emergence
None	<input type="checkbox"/>	<input type="checkbox"/>
Hypoxemia ($\geq 10\%$ decline from the pre-anesthetic saturation $< 90\%$ for normal patient)	<input type="checkbox"/>	<input type="checkbox"/>
Hypoxemia Moderate (20-50% decline from preanesthetic spo ₂ 80%-50% for normal patient)	<input type="checkbox"/>	<input type="checkbox"/>
Hypoxemia Severe (Any saturation $< 50\%$)	<input type="checkbox"/>	<input type="checkbox"/>
Laryngospasm (Complete airway obstruction requiring CPAP or drugs)	<input type="checkbox"/>	<input type="checkbox"/>
Coughing/Bucking	<input type="checkbox"/>	<input type="checkbox"/>
Esophageal Intubation (immediate recognition)	<input type="checkbox"/>	<input type="checkbox"/>
Esophageal Intubation (delayed recognition)	<input type="checkbox"/>	<input type="checkbox"/>
Bronchospasm (wheeze on auscultation, Requiring high ventilation pressure or medications)	<input type="checkbox"/>	<input type="checkbox"/>
Airway trauma minor (lip/dental)	<input type="checkbox"/>	<input type="checkbox"/>
Airway trauma (oropharynx/glottis/subglottis)	<input type="checkbox"/>	<input type="checkbox"/>
Pneumothorax (X-ray or Ultrasound confirmed)	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting no aspiration	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting with aspiration	<input type="checkbox"/>	<input type="checkbox"/>
Bradycardia Requiring Treatment	<input type="checkbox"/>	<input type="checkbox"/>

Cardiac Arrest (Requiring chest compressions or CPR)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmia (rhythm other than bradycardia or sinus rhythm)	<input type="checkbox"/>	<input type="checkbox"/>
Death	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Other Induction Complication

Other Extubation Complication

Record created date/time
