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SECURE Activity Survey

Thank you for taking part in SECURE

<u>Please only proceed with survey if</u>:

- RSI or modified RSI (as judged by the intubating team)
- ≥18 years (adult)
- In-hospital (within hospital grounds including ED)

Do not include if intubated during a cardiac arrest (unless RSI performed after sustained ROSC)

SECTION 1: SITUATION FACTORS

Region of UK (dropdown)*	Birmingham (WMTRAIN) East of England (EASTRN) East Midlands (MERCAT) Kent, Surrey, Sussex (SEARCH) London (PLAN) Mersey (MAGIQ) North West England (NWRAG) Northern (CRANE) Oxford (RAPTOR) Peninsula (SWARM) Severn (STAR) Stoke (WMTRAIN) Warwickshire (WMTRAIN) Wessex (SPARC) Yorkshire North and East (AARMY) Yorkshire West (AARMY) Yorkshire South (SHARC) Northern Ireland Scotland North Scotland East (SEQUOIA) Scotland West (WOSTRAQ) Scotland South east (SQuARES) Wales (WARREN) >>> different options branching depending on region >>> **Study site (drop-down)*** List TBC
Timing of RSI (dropdown)* (*include bank holidays under weekend*)	Weekday DAYTIME (8am-6pm) Weekday EVENING (6pm-8pm) Weekday NIGHT (8pm-8am) Weekend DAYTIME (8am-6pm) Weekend EVENING (6pm-8pm) Weekend NIGHT (8pm-8am)
Hospital area (dropdown)*	ED ICU/HDU

	Theatre (non-obstetric) *including anaesthetic room* Obstetric theatre *including anaesthetic room* Recovery area / PACU Ward (medical or surgical) Cardiac catheter laboratory Interventional radiology / hybrid theatre Radiology Endoscopy Psychiatric unit for electroconvulsive therapy Other remote anaesthesia site Non-clinical area Other

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SECTION 2: PATIENT FACTORS

2.1 BASELINE CHARACTERISTICS

Age (actual or estimated) (drop-down)	18-25 years 26-35 years 36-45 years 46-55 years 56-65 years 66-75 years 76-85 years 85 – 95 years >95 years
Sex (drop-down)	Male Female Unknown >>> branch IF = female AND <56 years, show >>> **Pregnant/postpartum (based on available information)?*** Not pregnant Yes – 1st trimester Yes – 2nd trimester Yes – 3rd trimester Yes – postpartum (within 24 hours of delivery) Yes – trimester unknown Unknown
Ethnicity (drop-down)	White - British White - Irish White - any other background Mixed - white and black Caribbean Mixed - white and black African Mixed - white and Asian Mixed - any other background Asian or Asian British - Indian (Asian or Asian British)

	Asian or Asian British - Pakistani (Asian or Asian British) Asian or Asian British - Bangladeshi (Asian or Asian British) Asian or Asian British - Chinese (other ethnic group) Asian or Asian British - any other background Black or black British - Caribbean Black or black British - African Black or black British - any other background Other – any other ethnic background Unknown
Weight <u>and</u> height known?* (actual)	Please enter <u>both actual</u> height and weight – *click here if <u>unknown</u>* ☐ Height __________ (cm) * Weight __________ (kg) * >>> branching IF = Unknown, then show >>> **Estimated BMI** (kg/m^2)* (drop-down) <18.5 underweight 18.5-24.9 healthy weight 25.0-29.9 overweight 30.0-39.9 obese ≥40.0 severely obese
Clinical frailty score (actual or estimated)* (drop-down)	1 Very Fit – robust and exercises regularly 2 Well - no active symptoms; exercises occasionally 3 Managing Well - routine walking only 4 Vulnerable - independent but slowed by symptoms or fatigue 5 Mildly Frail - needs help with heavy housework 6 Moderately Frail - needs help with some personal care 7 Severely Frail - completely dependent for personal care 8 Very Severely Frail - completely dependent and approaching end of life 9 Terminally Ill - life expectancy <6 months Unknown

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2.2 ASSESSMENT

Indication for RSI* *Select at least one* (tick-box)	<u>Critical illness</u> ☐ Airway compromised or impending compromise ☐ Respiratory failure ☐ CVS instability ☐ Neurological impairment ☐ Post-ROSC care (excluding intubation during cardiac arrest) ☐ Major trauma including burns <u>Anaesthesia for procedure</u> ☐ Surgical procedure (including obstetric interventions) ☐ Non-operative procedure or investigation

	Other ☐ Any other indication >>> branch IF = Neurological impairment, show>>> Select all that apply ☐ Low GCS ☐ Severe agitation ☐ Seizure/ status epilepticus ☐ Suspected raised intracranial pressure (ICP) >>> branch IF = Anaesthesia for surgery OR Anaesthesia for non-operative procedure or investigation, show >>> **Urgency of surgery/procedure/investigation** *As per theatre/list booking (drop-down)* Elective Expedited Urgent Emergency Unknown
Urgency of intubation (dropdown)	Without any delay <1 hour ≥1 hour Unknown
Aspiration risks *Select all judged to be relevant* (tick-box)	General ☐ Non-fasted status ☐ Nausea ☐ Vomiting ☐ Gastro-oesophageal disorder (e.g. GORD, hiatus hernia, stricture) ☐ Ileus/pseudo-obstruction (*excluding mechanical obstruction*) ☐ Bleeding from airway or upper GI ☐ High BMI Gastric emptying ☐ Acute pain ☐ Opioid recent administration ☐ GLP1 agonist within the last 1 week ☐ Chronic gastroparesis (e.g. diabetes mellitus) ☐ Any other cause of delayed gastric emptying Surgical/trauma ☐ Acute abdomen without obstruction ☐ Gastric outlet obstruction ☐ Small bowel obstruction ☐ Large bowel obstruction ☐ Previous upper GI surgery / procedure ☐ Previous bariatric surgery / procedure

Predicted or known difficult airway?* ☐ Yes ☐ No ☐ Airway not assessed ☐ Unknown >>> branch IF = Yes difficult airway, show >>> **Were any of the following were anticipated to be difficult?** Short safe apnoea time — Yes ☐ No ☐ Unknown ☐ Facemask ventilation* — Yes ☐ No ☐ Unknown ☐ Supraglottic airway ventilation* — Yes ☐ No ☐ Unknown ☐ Laryngoscopy and/or intubation* — Yes ☐ No ☐ Unknown ☐ eFONA (emergency front of neck access)* — Yes ☐ No ☐ Unknown ☐	
Gastric point of care ultrasound pre-RSI? (tick-box)	Yes ☐ No ☐ Unknown ☐ >>> branch IF = yes, show >>> **Did gastric ultrasound impact planned conduct of the RSI?** *Select all that apply* (tick-box) Informed decision to undertake RSI Did use cricoid force Did **not** use cricoid force Decided safe to face-mask ventilate Decided **not** safe to face-mask ventilate Chose to insert NG tube Chose **not** to insert NG tube Other

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SECTION 3: TECHNICAL FACTORS

3.1 PREPARATION/PERSONNEL

RSI checklist undertaken*	Yes ☐ No ☐ Unknown ☐
Prokinetics/antacids*	Yes ☐ No ☐ Unknown ☐ *>>> branch IF = Yes, then show >>>* **What prokinetic/antacids were used?** *Select any administered* (tick-box) Prokinetic (e.g. metoclopramide) PPI (proton pump inhibitor) H_2-receptor antagonist Sodium citrate 0.3M Other
NG tube*	Yes ☐ No ☐ Unknown ☐ >>> branch IF = Yes, show>>>

	What type of NG tube? (drop-down) In situ – wide-bore Ryle's tube In situ – fine-bore feeding tube Inserted – fine-bore feeding tube Inserted – wide-bore Ryle's tube Upgraded from feeding to Ryle's tube Salem double lumen gastric tube passed Other Unknown **Action(s) with NG tube** *Select all that apply* (tick-box) Aspirated Suctioned Removed Left on free drainage Spigotted Other
Working suction available*	Yes ☐ No ☐ Unknown ☐
Bed/trolley/operating table able to tip immediately if required?*	Yes ☐ No ☐ Unknown ☐
Positioning for intubation*	Head-up ≥30 degrees Head-up <30 degrees Flat Reverse Trendelenburg (whole bed head down/feet up tilt) Trendelenburg <30 degrees (whole bed head up/feet down tilt) Trendelenburg ≥30 degrees (whole bed head up/feet down tilt) On side Other Unknown >>>branch IF head-up >30 or <30 then show >>> **Was patient in a ramped position for intubation?** *External auditory meatus and sternal notch aligned in same horizontal plane* Yes No Unknown
Preoxygenation delivered	Yes ☐ No ☐ Unknown ☐ >>> branch IF = Yes, then show >>> **Pre-oxygenation method** *Select all that apply* (tick-box) Anaesthetic circuit (e.g. circle, Bain, Ayre T-piece) Waters' circuit Mapleson C Bag-valve-mask – BVM (e.g. Ambu-bag)

	Low-flow nasal cannulae <10 L/min Non-anaesthetic face mask (e.g. Venturi, Hudson, non-rebreathe) High-flow nasal oxygen CPAP / NIV Supra-glottic airway device – SAD (e.g. iGel) *with circuit/BVM* **Ventilatory support during pre-oxygenation** (drop-down) Spontaneous breathing <u>without</u> pressure support or CPAP Spontaneous breathing <u>with</u> pressure support or CPAP (e.g. APL valve partially closed) Apnoeic and manually ventilated Unknown **Pre-oxygenation – how was it quantified?** *Select all that apply* (tick-box) End tidal O_2 between 0.8-0.9 End tidal O_2 >0.9 Duration of time <1min Duration of time 1-3 minutes Duration of time > 3 minutes Tidal volume breaths Vital capacity breaths Oxygen saturations (SpO_2)
Oxygen saturations SpO2 (%) <u>after pre-oxygenation</u> (drop-down)	90-100% 80-89% <80% Unrecordable Unknown

Role allocation	**Training background (parent specialty)**	**Job role/grade**
Team leader	*Please select one option (drop-down)* ***Role not allocated*** Anaesthesia Intensive care medicine (ICM) Emergency medicine (EM) ICM and anaesthesia ICM and EM ICM and internal medicine Other Unknown	*Please select one option (drop-down)* Doctor: Consultant Doctor: Associate specialist Doctor: SAS (or equivalent) Doctor: ST5-7 (or fellow / equivalent) Doctor: ST3-4 (or fellow / equivalent) Doctor: CT1-2 (or fellow / equivalent) Doctor: F1-F2 (or fellow / equivalent) Doctor: Medical student Anaesthesia associate / Physician assistant in Anaesthesia Anaesthesia associate student / Physician assistant in Anaesthesia student (or equivalent) ODP (operating department practitioner) ODP student Anaesthetic nurse ACCP or equivalent ACCP trainee ICU nurse

		Physicians associate Specialist nurse / ANP (or equivalent) ED nurse any band Other staff member
Drug administration	*Same as above*	*Same as above*
Airway assistant	*Same as above*	*Same as above*
Cricoid force	*Same as above*	*Same as above*
1st intubator	*Same as above*	*Same as above*

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3.2 INDUCTION/DRUGS

Cardiovascular status <u>before induction</u>*	Baseline HR (drop-down) <40 bpm 41-60 bpm 61- 80 bpm 81 – 100 bpm 101-120 bpm 121-140 bpm >140 bpm Unknown
	Baseline **systolic** BP *<u>with</u> any vasoactive / fluid therapy* (drop-down) <65 mmHg 66-90 mmHg 91-100mmHg 101-120 mmHg 121-160 mmHg 161-200 mmHg >200 mmHg Unknown
Arterial line (in situ <u>and</u> working) <u>before</u> induction?	Yes ☐ No ☐ Unknown ☐
Vasopressors/inotropes **ALREADY RUNNING** <u>before</u> induction?	Yes ☐ No ☐ Unknown ☐ >>> branch IF = Yes, then show >>> Please select all that apply (tick-box) ☐ Metaraminol <u>boluses</u> ☐ Metaraminol <u>infusion</u> ☐ Ephedrine ☐ <u>Peripheral</u> noradrenaline ☐ <u>Central</u> noradrenaline ☐ Adrenaline <u>boluses</u> ☐ Adrenaline <u>infusion</u>

	☐ Phenylephrine ☐ Vasopressin ☐ Any other
Delayed sequence induction?* ("sedation assisted pre-oxygenation")	Yes ☐ No ☐ Unknown ☐ >>> branch IF= Required, show>>> **Which agent(s) were used?** (tick-box) ☐ Propofol ☐ Ketamine ☐ Midazolam (or other benzodiazepine) ☐ Etomidate ☐ Opioid ☐ Other
IV opioid(s) <u>for induction</u>* *Select at least one* (tick-box)	**None** Fentanyl bolus Alfentanil bolus Morphine bolus Remifentanil TCI Remifentanil infusion non-TCI Fentanyl infusion Alfentanil infusion Morphine infusion Other
Processed EEG applied <u>before</u> induction?	Yes ☐ No ☐ Unknown ☐ >>> IF = Yes, then branch>>> **Did this affect the conduct of the RSI?** Yes ☐ No ☐ Unknown ☐ >>> IF = Yes, then branch >>> **How did this affect conduct of RSI?** *Select all that apply* (tick-box) Guided titration induction agent (including with TCI/TIVA) Timing of neuromuscular blockade Timing of laryngoscopy Other Unknown
Induction agent(s)* *Select at least one* (tick-box)	**None** Propofol bolus without TCI/TIVA Propofol TIVA/TCI Ketamine Thiopentone Etomidate Midazolam or other benzodiazepine Volatile agent Other

	>>> branch IF = Propofol TIVA/TCI>>> **How was propofol TIVA/TCI delivered for RSI? (drop-down)** Manual bolus via TIVA pump using syringe and 3-way tap TIVA pump used to deliver bolus Manual bolus via syringe then TIVA pump started
Vasopressors/inotropes **STARTED OR INCREASED PRE-EMPTIVELY** <u>with</u> induction?	Yes ☐ No ☐ Unknown ☐ >>> branch IF = Yes, then show >>> Please select all that apply (tick-box) ☐ Metaraminol <u>boluses</u> ☐ Metaraminol <u>infusion</u> ☐ Ephedrine ☐ <u>Peripheral</u> noradrenaline ☐ <u>Central</u> noradrenaline ☐ Adrenaline <u>boluses</u> ☐ Adrenaline <u>infusion</u> ☐ Phenylephrine ☐ Vasopressin ☐ Any other
Muscle relaxant* (drop-down)	**None** Rocuronium <1 mg/kg Rocuronium ≥1 mg/kg Suxamethonium Atracurium Vecuronium Other Unknown >>> show IF = rocuronium 1mg/kg OR rocuronium >1mg/kg, then show>>> **'Patient wake-up' agreed as a possible airway management strategy during RSI checklist?** Yes ☐ No ☐ Unknown ☐ >>> branch IF = Yes, then show>>> **Sugammadex reversal immediately available in appropriate (e.g. 16mg/kg for >1mg/kg dose)?** Yes ☐ No ☐ Unknown ☐

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3.3 AIRWAY/INTUBATION

1st LARYNGOSCOPY/TRACHEAL INTUBATION ATTEMPT	
Techniques between induction and 1st attempt	<u>Airway patency</u> ☐ Simple airway manoeuvres (e.g. jaw thrust, head tilt/chin lift)

Select all that apply (drop-down)	☐ Oropharyngeal airway (Guedel) ☐ Nasopharyngeal airway (NP) ☐ Supra-glottic airway device (e.g. iGel) <u>Oxygen delivery</u> ☐ Anaesthetic circuit (e.g. circle, Bain, Ayre T-piece circuit) ☐ Waters' circuit Mapleson C ☐ Bag-valve-mask – BVM (e.g. Ambu-bag) ☐ Low-flow nasal cannulae (<10 L/min) ☐ Non-anaesthetic mask (e.g. Venturi, Hudson, non-rebreathe) ☐ High-flow nasal oxygen ☐ CPAP / NIV >> branch IF = supra-glottic airway device, then show >>> **Was ventilation attempted via supraglottic airway (SGA)?** (drop-down) Yes – SGA already in situ before induction of anaesthesia Yes – successful on 1st attempt at insertion ☐ Yes – successful after >1 attempt at insertion ☐ Yes – unsuccessful ☐ No ☐ Unknown ☐ >> branch IF = anaesthetic circuit OR Waters' circuit OR Bag-valve-mask, then show >> **Was facemask ventilation attempted?** (drop-down) Yes – planned ☐ Yes – unplanned ☐ No ☐ Unknown ☐ >> branch IF = Yes – planned OR Yes - unplanned, then show >> **Was "low-pressure" facemask ventilation used?** ☐ No ☐ Yes ☐ Unknown **To what degree was facemask ventilation successful?** (drop-down) Effective/adequate ☐ Difficult (no plateau, end tidal CO2 ≤1.3kPa) Impossible (no end tidal CO2 detected, no ventilation) Unknown ☐
C-spine immobilisation *(during RSI)* (drop-down)	Yes ☐ No ☐ Unknown ☐ >>> branch IF = Yes, show >>> **Method of immobilisation** (drop-down) Manual in-line stabilisation (MILS) Rigid collar on

	Rigid collar partially off Immobilised with fixed device Other Unknown
Choice of laryngoscope (drop-down)	Videolaryngoscope – Macintosh blade Videolaryngoscope – Hyper-angulated blade Direct laryngoscope – Macintosh blade Other Unknown >>> branch IF = Videolaryngoscope - Macintosh or Videolaryngoscope – hyperangulated, then show >>> **Videolaryngoscope manafacturer** (drop-down) Heine Glidescope McGrath Storz CMAC – single use Storz CMAC - reusable Other Unknown
Intubation grade: modified Cormack-Lehane *(best view <u>with or without</u> manipulation)* *[POGO: % of glottic opening]* (drop-down)	Grade 1 / POGO 100% / full view of glottis Grade 2a / POGO 1-99% / partial view of glottis Grade 2b / POGO 0 / view of arytenoids or posterior commissure Grade 3a / epiglottis seen and liftable Grade 3b / epiglottis not liftable Grade 4 / neither glottis nor epiglottis seen Unknown
Intubation adjuncts *Select all the apply* (tick-box)	Standard bougie (not dynamic) Bougie with steerable tip (dynamic bougie) Mouldable stylet Preformed hyperangulated stylet (of same manufacturer as videolaryngoscope)Flexible optical bronchoscope Other
Cricoid force applied	Yes ☐ No ☐ Unknown ☐ >>> branch IF = No, then show>>> **Reason for <u>not</u> using cricoid?** *Select all that apply* (tick-box) Patient intermediate risk of aspiration I don't believe it works Fear of worsening intubation view Departmental policy Lack of trained assistant Other >>> branch IF = Yes', then show >>> **How was cricoid position located?** (drop-down)

Easily palpable
Second skin crease
Middle of neck
Point of care ultrasound
Not easily palpated
Other
Unknown

When was cricoid applied? (drop-down)
Before loss of consciousness
At point of loss of consciousness
At some point later
Unknown

Was cricoid force maintained during 1st intubation attempt?
(until tube position confirmed in trachea and cuff inflated)?
Yes ☐ No - reduced ☐ No - removed ☐

>>> sub-branching IF = No - removed/reduced show >>>
Reason for cricoid adjustment (tick-box) *select all that apply*
Interfering with laryngoscope insertion
Distorting larynx
Difficult laryngeal view
Difficult facemask ventilation (FMV)
Vomiting
Regurgitation
Rescue SAD (supra-glottic airway device) insertion required
Other

What cricoid force did the assistant intend to apply? (drop-down)
<1kg (<10 Newtons)
1-2.5kg (10-25 Newtons)
2.5-4kg (25-40 Newtons)
>4kg (>40 Newtons)
Unknown

Was person applying cricoid force trained in it? (drop-down)
Yes
No
Unknown

Had they practiced applying cricoid force? (drop-down)
Yes <3 months ago
Yes > 3 months ago

	No Unknown
Other measures to aid view at laryngoscopy *Select all that apply* (tick-box)	BURP (backwards-upward-rightward pressure to thyroid cartilage) Repositioning of pillow MILS/C-spine immobilisation removed Additional dose of muscle relaxant Video assisted flexible optical intubation (VAFI) Asleep fibreoptic intubation (without laryngoscopy) Other
1st attempt successful? (drop-down)	Yes No – undertook 2nd attempt (*includes change of blade or intubator*) No – patient wake up attempted No – proceeded without intubation OR intubation via supra-glottic airway attempted No – eFONA (cricothyroidotomy or tracheostomy) >>> IF = "No – 2nd intubation attempt required", then open table "2nd ATTEMPT" >>> Please see tables after SECTION 4 >>> IF = "No – patient woken up", then open table with "EMERGENCY WAKE UP ATTEMPT" >>> Please see tables after SECTION 4 >>> IF = "No - proceeded without intubation OR intubation via supra-glottic airway device attempted" ", then open table with "PROCEED WITHOUT INTUBATION OR ATTEMPTED INTUBATION VIA SGA" >>> Please see tables after SECTION 4 >>> IF = "No – eFONA" required, then open table with "1st eFONA ATTEMPT" >>> Please see tables after SECTION 4

>>> table only opens if any intubation attempt 1st-4th successful? = "Yes" >>> **INTUBATION CONFIRMATION**	
Who performed successful intubation? (drop-down)	1st intubator 2nd intubator Team leader Another airway practitioner (called to help – not part of the initial intubating team) ENT doctor Other Unknown >>> branch IF = Another airway practitioner, show >>>

	Training background – of successful intubator: (drop-down) Anaesthesia Intensive care medicine (ICM) Emergency medicine ICM and anaesthesia ICM and EM ICM and internal medicine Other Unknown **Job grade** (drop-down) Doctor: Consultant Doctor: Associate specialist Doctor: SAS (or equivalent) Doctor: ST5-7 (or fellow / equivalent) Doctor: ST3-4 (or fellow / equivalent) Doctor: CT1-2 (or fellow / equivalent) Anaesthesia associate / Physician assistant in Anaesthesia Anaesthesia associate student / Physician assistant in Anaesthesia student (or equivalent) ODP (operating department practitioner) ODP student Anaesthetic nurse ACCP or equivalent ACCP trainee ICU nurse Physicians associate Specialist nurse / ANP (or equivalent) ED nurse any band Other staff member
How was waveform capnography used to confirm tracheal intubation? (drop-down)	Waveform capnography not used Positive exhaled CO_2 trace visualised Sustained exhaled CO_2 trace (≥7 breaths) >>> branch IF = Waveform capnography not used OR positive exhaled CO_2 trace, then show >>> **If sustained exhaled CO_2 was not seen, what did the team decide to do next?** (drop-down) Tube left in while other tests/checks done Tube left in as dangerous to remove Tube removed Unknown **What checks/tests were performed to attempt to confirm tracheal tube position?** *Select all that apply* (tick-box) Tube seen passing through glottis on video laryngoscopy

	Tube seen passing through glottis on direct laryngoscopy Misting of tube Rise and fall of chest Lung auscultation Lung and stomach auscultation Colour change capnometry Bronchoscopy Ultrasound Oesophageal detector device No formal tests/checks used Other
Was a “2-person check” verbalised to verify intubation? (drop-down)	Yes ☐ No ☐ Unknown ☐ >>> branch IF = Yes, then show >>> Yes – 2-person check of tracheal tube seen passing through vocal cords on videolaryngoscopy Yes – 2-person check of sustained exhaled sustained CO_2 Yes – 2-person check of both of above

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SECTION 4

IMMEDIATE COMPLICATIONS

In this time-period <u>between induction and up to 30 minutes after securing the airway</u>, did any of the following immediate complications develop?

Unless specified otherwise, the presence of each complication is a new clinical, radiological and/or bronchoscopic diagnosis, based on the judgement of the intubating team.

AIRWAY COMPLICATIONS	
Airway trauma/injury New injury to the nasal cavity; nasopharynx; oropharynx (<u>excluding</u> dental trauma); pharynx; glottis; subglottis; or trachea	Yes ☐ No ☐ Unknown ☐
Dental trauma/injury New physical damage to dentition	Yes ☐ No ☐ Unknown ☐
Oesophageal intubation Unintended placement or migration of a tracheal tube into the oesophagus	Yes ☐ No ☐ Unknown ☐ >> branch IF Yes, then show >> **Was this recognised or not?** *Recognised means <u>promptly identified</u> (via absence of sustained exhaled carbon dioxide) <u>and addressed</u>* Yes – recognised No – not recognised
Endobronchial Intubation Unintended placement of the tracheal tube into the right or left main bronchus	Yes ☐ No ☐ Unknown ☐
AIRWAY/RESPIRATORY COMPLICATIONS	
Hypoxaemia New decrease in oxygen saturations <90% (SpO_2) at least once <u>after</u> induction	Yes ☐ No ☐ Unknown ☐ >>> IF = Yes, then show >>> **Severe hypoxaemia** *New decrease in oxygen saturations <80% (SpO_2) at least once <u>after</u> induction* Yes ☐ No ☐ Unknown ☐
Laryngospasm Vocal cord closure leading to clinically relevant airway obstruction	Yes ☐ No ☐ Unknown ☐
Bronchospasm New bronchial airway obstruction and wheeze requiring intervention	Yes ☐ No ☐ Unknown ☐
Pneumothorax/pneumomediastinum New air collection in the mediastinum or pleural space, during airway management/RSI	Yes ☐ No ☐ Unknown ☐
Pulmonary aspiration of gastric contents	Yes ☐ No ☐ Unknown ☐

New witnessed or suspected entry of gastric contents (excluding blood) into the trachea and/or lungs	
Pulmonary aspiration of blood New witnessed of suspected entry of blood (from any source) into the trachea and/lungs	Yes ☐ No ☐ Unknown ☐
CARDIOVASCULAR COMPLICATIONS	
Hypotension New decrease in systolic BP <90mmHg at least once New decrease in systolic BP >20% at least once (as compared to baseline SBP before induction)	Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown ☐
Severe hypotension New decrease in systolic BP <65mmHg at least once New decrease in systolic BP >40% at least once (as compared to baseline SBP before induction)	Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown ☐
Intervention(s) for hypotension New or increased dose of vasopressor/inotrope after induction Fluid bolus >15ml/kg required after induction (equivalent to 1000ml for a 70kg patient)	Yes ☐ No ☐ Unknown ☐ >>> branch IF = Yes, then show >>> Please select all that apply (tick-box) ☐ Metaraminol infusion ☐ Metaraminol boluses ☐ Ephedrine ☐ Phenylephrine ☐ Peripheral noradrenaline ☐ Central noradrenaline ☐ Adrenaline boluses ☐ Adrenaline infusion ☐ Vasopressin ☐ Any other Yes ☐ No ☐ Unknown ☐
Cardiac arrythmia New onset, sustained bradycardia (<50bpm); bradyarrhythmia, or tachyarrhythmia that required intervention and did not cause cardiac arrest	Yes ☐ No ☐ Unknown ☐
Cardiac ischaemia New onset, high suspicion of cardiac ischaemia based on clinical judgement and ECG interpretation	Yes ☐ No ☐ Unknown ☐
Cardiac arrest (including if ROSC achieved) Sudden cessation of function of the heart, or loss of pulse, or SBP<50mmHg, and the delivery of ≥5 chest compressions and/or defibrillation	Yes ☐ No ☐ Unknown ☐ >>> branch IF = Yes, then show >>> **Reversible causes of cardiac arrest?** *Please select all that apply as based on intubating team judgement* Hypoxia

	Hypovolaemia Hypo/hyperkalaemia (and electrolytes) Hypothermia Tension pneumothorax Tamponade Thrombus Toxin(s) Unknown
Death from any cause	Yes ☐ No ☐ Unknown ☐ >>> branch IF = Yes, then show >>> **Was the death airway-related?** *Death due to any complication, difficulty or failure of airway management, as based on intubating team judgement* Yes ☐ No ☐ Unknown ☐
TECHNICAL COMPLICATIONS	
Equipment failure During use, or when intended for anaesthetic use, failure of any of the following: • Airway equipment • Drug delivery equipment (including a pump or vascular access) • Other equipment *Only include if patient care compromised, as based on intubating team judgement*	Yes ☐ No ☐ Unknown ☐ >>branch IF = Yes, then show >> **Which equipment failed?** *Select all that apply* Airway equipment Drug delivery (including pump or access) Other equipment

-- **2nd-4th INTUBATION ATTEMPTS** -------------------------------------

<table>
<tr><td colspan="2">>>> table only appears if 1st intubation attempt failed >>>
2nd LARYNGOSCOPY/TRACHEAL INTUBATION ATTEMPT</td></tr>
<tr><td>Intubator changed
(between 1st and 2nd intubation attempt)</td><td>Yes ☐ No ☐</td></tr>
<tr><td>>>> If C-spine immobilisation during 1st intubation attempt = Yes >>></td><td>C-spine immobilisation maintained?
Yes ☐ No ☐</td></tr>
<tr><td>Techniques between 1st and 2nd attempt
Select all that apply (drop-down)</td><td><u>Airway patency</u>
☐ Simple airway manoeuvres (e.g. jaw thrust, head tilt/chin lift)
☐ Oropharyngeal airway (Guedel)
☐ Nasopharyngeal airway (NP)
☐ Supra-glottic airway device (e.g. iGel)

<u>Oxygen delivery</u>
☐ Anaesthetic circuit (e.g. circle, Bain, Ayre T-piece circuit)
☐ Waters' circuit Mapleson C
☐ Bag-valve-mask – BVM (e.g. Ambu-bag)
☐ Low-flow nasal cannulae <10 L/min
☐ Non-anaesthetic mask (e.g. Venturi, Hudson, non-rebreathe)
☐ High-flow nasal oxygen
☐ CPAP / NIV

>> branch IF = supra-glottic airway device, then show >>>
Was ventilation attempted via supraglottic airway (SGA)?
Yes – successful on 1st attempt at insertion ☐
Yes – successful after >1 attempt at insertion ☐
Yes – unsuccessful ☐
No ☐
Unknown ☐

>> branch IF = anaesthetic circuit OR Waters' circuit OR Bag-valve-mask, then show >>
Was facemask ventilation attempted?
Yes – planned ☐
Yes – unplanned ☐
No ☐
Unknown ☐

>> branch IF = Yes, then show >>
Was "low-pressure" facemask ventilation used?
☐ Yes
☐ No
☐ Unknown</td></tr>
</table>

	To what degree was facemask ventilation successful? Effective/adequate ☐ Difficult (no plateau, end tidal CO2 ≤1.3kPa) Impossible (no end tidal CO2 detected, no ventilation) Unknown ☐
Change of laryngoscope for 2nd attempt?* (drop-down)	Yes ☐ No ☐ >>> branch IF = Yes, show >>> **Choice of laryngoscope for 2nd attempt*** (drop-down) Videolaryngoscope – Macintosh blade Videolaryngoscope – Hyper-angulated blade Direct laryngoscope – Macintosh blade Direct laryngoscope – McCoy blade Other >>> branch IF = Videolaryngoscope - Macintosh or Videolaryngoscope – hyperangulated, then show >>> **Videolaryngoscope manufacturer** (drop-down) Heine Glidescope McGrath Storz CMAC – single use Storz CMAC - reusable Other Unknown
Intubation grade: modified Cormack-Lehane *(best view with or without manipulation)* (drop-down)	Grade 1 / POGO 100% / full view of glottis Grade 2a / POGO 1-99% / partial view of glottis Grade 2b / POGO 0 / view of arytenoids or posterior commissure Grade 3a / epiglottis seen and liftable Grade 3b / epiglottis not liftable Grade 4 / neither glottis nor epiglottis seen Unknown
Intubation adjuncts *Select all the apply* (tick-box)	Standard bougie (not dynamic) Bougie with steerable tip (dynamic bougie) Mouldable stylet Preformed hyperangulated stylet (of same manufacturer as videolaryngoscope) Flexible optical bronchoscope Other
>>> IF 'Cricoid force maintained' during 1st intubation attempt = Yes OR No - Reduced, show >>>	**Cricoid force maintained?** Yes ☐ No – reduced ☐ No – removed ☐ >>> sub-branching IF = removed >>> **Reason for cricoid force adjustment/removal** (tick-box) *Select all that apply* Interfering with laryngoscope insertion

	Distorting larynx Difficult laryngeal view To enable FMV (facemask ventilation) Vomiting Regurgitation To insert rescue SAD (supra-glottic airway device) Other
Other measures to aid view at laryngoscopy *Select all that apply* (tick-box)	BURP (backwards-upward-rightward pressure to thyroid cartilage) Repositioning of patient or pillow MILS removed (or C-spine immobilisation) Additional dose of muscle relaxant Video assisted flexible optical intubation (VAFI) Asleep fibreoptic intubation (without laryngoscopy) Other
2nd attempt successful? (drop-down)	Yes No – undertook 3rd attempt (*includes change of blade or intubator*) No – patient wake up attempted No – proceeded without intubation OR intubation via supra-glottic airway device attempted No – eFONA (cricothyroidotomy or tracheostomy) >>> IF = “No – 3rd intubation attempt required”, then open table “3rd ATTEMPT” >>> >>> IF = “No – patient woken up”, then open table with “EMERGENCY WAKE UP ATTEMPT ” >>> >>> IF = “No - proceeded without intubation OR intubation via supra-glottic airway device attempted” ”, then open table with “PROCEED WITHOUT INTUBATION OR ATTEMPTED INTUBATION VIA SGA“ >>> IF = “No – eFONA” required, then open table with “1st eFONA ATTEMPT” >>>

>>> table only appears if 2nd intubation attempt failed >>> **3rd LARYNGOSCOPY/TRACHEAL INTUBATION ATTEMPT**	
Intubator changed *(between 2nd and 3rd intubation attempt)*	Yes ☐ No ☐
>>> If C-spine immobilisation during 2nd	**C-spine immobilisation maintained?** Yes ☐ No ☐

intubation attempt = Yes >>>	
Techniques between 2nd and 3rd attempt *Select all that apply (drop-down)*	<u>Airway patency</u> ☐ Simple airway manoeuvres (e.g. jaw thrust, head tilt/chin lift) ☐ Oropharyngeal airway (Guedel) ☐ Nasopharyngeal airway (NP) ☐ Supra-glottic airway device (e.g. iGel) <u>Oxygen delivery</u> ☐ Anaesthetic circuit (e.g. circle, Bain, Ayre T-piece circuit) ☐ Waters' circuit Mapleson C ☐ Bag-valve-mask – BVM (e.g. Ambu-bag) ☐ Low-flow nasal cannulae <10 L/min ☐ Non-anaesthetic mask (e.g. Venturi, Hudson, non-rebreathe) ☐ High-flow nasal oxygen ☐ CPAP / NIV >> branch IF = supra-glottic airway device, then show >>> **Was ventilation attempted via supraglottic airway (SGA)?** Yes – successful on 1st attempt at insertion ☐ Yes – successful after >1 attempt at insertion ☐ Yes – unsuccessful ☐ No ☐ Unknown ☐ >> branch IF = anaesthetic circuit OR Waters' circuit OR Bag-valve-mask, then show >> **Was facemask ventilation attempted?** Yes ☐ No ☐ Unknown ☐ >> branch IF = Yes, then show >> **Was "low-pressure" facemask ventilation used?** ☐ Yes ☐ No ☐ Unknown **To what degree was facemask ventilation successful?** Effective/adequate ☐ Difficult (no plateau, end tidal CO2 ≤1.3kPa) Impossible (no end tidal CO2 detected, no ventilation) Unknown ☐
<u>Change</u> of laryngoscope for 3rd attempt?* (drop-down)	Yes ☐ No ☐ >>> branch IF = Yes, show >>> **Choice of laryngoscope for 2nd attempt*** (drop-down) Videolaryngoscope – Macintosh blade

	Videolaryngoscope – Hyper-angulated blade Direct laryngoscope – Macintosh blade Direct laryngoscope – McCoy blade Other >>> branch IF = Videolaryngoscope - Macintosh or Videolaryngoscope – hyperangulated, then show >>> **Videolaryngoscope manafacturer** (drop-down) Heine Glidescope McGrath Storz (CMAC) – single use Storz (CMAC) - reusable Other Unknown
Intubation grade: modified Cormack-Lehane *(best view <u>with or without</u> manipulation)* (drop-down)	Grade 1 / POGO 100% / full view of glottis Grade 2a / POGO 1-99% / partial view of glottis Grade 2b / POGO 0 / view of arytenoids or posterior commissure Grade 3a / epiglottis seen and liftable Grade 3b / epiglottis not liftable Grade 4 / neither glottis nor epiglottis seen Unknown
Intubation adjuncts *Select all the apply* (tick-box)	Standard bougie (not dynamic) Bougie with steerable tip (dynamic bougie) Mouldable stylet Preformed hyperangulated stylet (of same manufacturer as videolaryngoscope) Flexible optical bronchoscope Other
>>> IF 'Cricoid force maintained' during 2nd intubation attempt = Yes OR No - Reduced, show >>>	**Cricoid force maintained?** Yes ☐ No – reduced ☐ No – removed ☐ >>> sub-branching IF = removed >>> **Reason for cricoid force adjustment/removal** (tick-box) *Select all that apply* Interfering with laryngoscope insertion Distorting larynx Difficult laryngeal view To enable FMV (facemask ventilation) Vomiting Regurgitation To insert rescue SAD (supra-glottic airway device) Other
Other measures to aid view at laryngoscopy *Select all that apply*	BURP (backwards-upward-rightward pressure to thyroid cartilage) Repositioning of patient or pillow

(tick-box)	MILS removed (or C-spine immobilisation) Additional dose of muscle relaxant Video assisted flexible optical intubation (VAFI) Asleep fibreoptic intubation (without laryngoscopy) Other
3rd attempt successful? (drop-down)	Yes No – undertook 4th attempt (*includes change of blade or intubator*) No – patient wake up attempted No – proceeded without intubation OR intubation via supra-glottic airway device attempted No – eFONA (cricothyroidotomy or tracheostomy) >>> IF = "No – 4th intubation attempt required", then open table "4th ATTEMPT" >>> >>> IF = "No – patient woken up", then open table with "EMERGENCY WAKE UP ATTEMPT " >>> >>> IF = "No - proceeded without intubation OR intubation via supra-glottic airway device attempted" ", then open table with "PROCEED WITHOUT INTUBATION OR ATTEMPTED INTUBATION VIA SGA" >>> IF = "No – eFONA" required, then open table with "1st eFONA ATTEMPT" >>>

>>> table only appears if 3rd intubation attempt failed >>> **4th LARYNGOSCOPY/TRACHEAL INTUBATION ATTEMPT**	
Intubator changed *(between 3rd and 4th intubation attempt)*	Yes ☐ No ☐
>>> If C-spine immobilisation during 3rd intubation attempt = Yes >>>	**C-spine immobilisation maintained?** Yes ☐ No ☐
Techniques between 3rd and 4th attempt *Select all that apply* *(drop-down)*	<u>Airway patency</u> ☐ Simple airway manoeuvres (e.g. jaw thrust, head tilt/chin lift) ☐ Oropharyngeal airway (Guedel) ☐ Nasopharyngeal airway (NP) ☐ Supra-glottic airway device (e.g. iGel) <u>Oxygen delivery</u> ☐ Anaesthetic circuit (e.g. circle, Bain, Ayre T-piece circuit) ☐ Waters' circuit Mapleson C

	☐ Bag-valve-mask – BVM (e.g. Ambu-bag) ☐ Low-flow nasal cannulae <10 L/min ☐ Non-anaesthetic mask (e.g. Venturi, Hudson, non-rebreathe) ☐ High-flow nasal oxygen ☐ CPAP / NIV >> branch IF = supra-glottic airway device, then show >>> **Was ventilation attempted via supraglottic airway (SGA)?** Yes – successful on 1st attempt at insertion ☐ Yes – successful after >1 attempt at insertion ☐ Yes – unsuccessful ☐ No ☐ Unknown ☐ >> branch IF = anaesthetic circuit OR Waters' circuit OR Bag-valve-mask, then show >> **Was facemask ventilation attempted?** Yes ☐ No ☐ Unknown ☐ >> branch IF = Yes, then show >> **Was "low-pressure" facemask ventilation used?** ☐ Yes ☐ No ☐ Unknown **To what degree was facemask ventilation successful?** Effective/adequate ☐ Difficult (no plateau, end tidal CO2 ≤1.3kPa) Impossible (no end tidal CO2 detected, no ventilation) Unknown ☐
Change of laryngoscope for 4th attempt?* (drop-down)	Yes ☐ No ☐ >>> branch IF = Yes, show >>> **Choice of laryngoscope for 2nd attempt*** (drop-down) Videolaryngoscope – Macintosh blade Videolaryngoscope – Hyper-angulated blade Direct laryngoscope – Macintosh blade Direct laryngoscope – McCoy blade Other >>> branch IF = Videolaryngoscope - Macintosh or Videolaryngoscope – hyperangulated, then show >>> **Videolaryngoscope manafacturer** (drop-down) Heine Glidescope McGrath Storz (CMAC) – single use

	Storz (CMAC) - reusable Other Unknown
Intubation grade: modified Cormack-Lehane *(best view with or without manipulation)* (drop-down)	Grade 1 / POGO 100% / full view of glottis Grade 2a / POGO 1-99% / partial view of glottis Grade 2b / POGO 0 / view of arytenoids or posterior commissure Grade 3a / epiglottis seen and liftable Grade 3b / epiglottis not liftable Grade 4 / neither glottis nor epiglottis seen Unknown
Intubation adjuncts *Select all the apply* (tick-box)	Standard bougie (not dynamic) Bougie with steerable tip (dynamic bougie) Mouldable stylet Preformed hyperangulated stylet (of same manufacturer as videolaryngoscope) Flexible optical bronchoscope Other
>>> IF 'Cricoid force maintained' during 3rd intubation attempt = Yes OR No - Reduced, show >>>	**Cricoid force maintained?** Yes ☐ No – reduced ☐ No – removed ☐ >>> sub-branching IF = removed >>> **Reason for cricoid force adjustment/removal** (tick-box) *Select all that apply* Interfering with laryngoscope insertion Distorting larynx Difficult laryngeal view To enable FMV (facemask ventilation) Vomiting Regurgitation To insert rescue SAD (supra-glottic airway device) Other
Other measures to aid view at laryngoscopy *Select all that apply* (tick-box)	BURP (backwards-upward-rightward pressure to thyroid cartilage) Repositioning of patient or pillow MILS removed (or C-spine immobilisation) Additional dose of muscle relaxant Video assisted flexible optical intubation (VAFI) Asleep fibreoptic intubation (without laryngoscopy) Other
4th attempt successful? (drop-down)	Yes No – undertook 5th attempt (*includes change of blade or intubator*) No – patient wake up attempted No – proceeded without intubation OR intubation via supra-glottic airway device attempted

	No – eFONA (cricothyroidotomy or tracheostomy) >>> IF = "No – patient woken up", then open table with "EMERGENCY WAKE UP ATTEMPT " >>> >>> IF = "No - proceeded without intubation OR intubation via supra-glottic airway device attempted" ", then open table with "PROCEED WITHOUT INTUBATION OR ATTEMPTED INTUBATION VIA SGA" >>> IF = "No – eFONA" required, then open table with "1st eFONA ATTEMPT" >>>

-- EMERGENCY WAKE UP ATTEMPT------------------------------------

If you attempted to wake the patient up, was this successful?	Yes – straightforward Yes - problematic No Unknown
Techniques during wake-up before spontaneous breathing achieved *Select all that apply* *(tick-box)*	**Was ventilation attempted via supraglottic airway (SGA)?** Yes – already in situ Yes – successful on first attempt at insertion ☐ Yes – successful after >1 attempt at insertion ☐ Yes – unsuccessful ☐ No ☐ Unknown ☐ **Was facemask ventilation attempted?** Yes ☐ No ☐ Unknown ☐ >> branch IF = Yes, then show >> **To what degree was facemask ventilation successful?** Effective/adequate ☐ Difficult (no plateau, end tidal CO2 ≤1.3kPa) Impossible (no end tidal CO2 detected, no ventilation) Unknown ☐ **Was eFONA attempted?** Yes ☐ No ☐ Unknown ☐ >>> IF = "Yes", then open table "1st eFONA ATTEMPT" >>>
Reversal agent(s) *Select all that apply* *(drop-down)*	Sugammadex 16mg/kg Sugammadex <16mg/kg Glycopyrronium/neostigmine Naloxone Other

--------------PROCEED WITHOUT INTUBATION OR INTUBATION VIA SGA ATTEMPTED -----------

After the intubating team decided to proceed <u>without</u> intubation via laryngoscopy:

Was facemask ventilation attempted at any point?	Yes ☐ No ☐ Unknown ☐ **To what degree was facemask ventilation successful?** Effective/adequate ☐ Difficult (no plateau, end tidal CO2 ≤1.3kPa) Impossible (no end tidal CO2 detected, no ventilation) Unknown
Was a supra-glottic airway device inserted/reinserted?	Yes No <u>>> branch IF = Yes, then show rest of table>></u>
First choice of supra-glottic airway (SGA) (drop-down)	i-gel i-gel plus LMA classic LMA ProSeal LMA supreme Flexible LMA Ambu i-aura Air-Q Other Unknown
Size of SGA (drop-down)	2.5 3 4 5 Other Unknown
Was ventilation via SGA successful? (drop-down)	Yes on first attempt at SGA insertion Yes after >1 attempt at SGA insertion No – patient wake up attempted No – eFONA attempted Other Unknown >>> IF = "Wake-up", then open table "EMERGENCY WAKE UP ATTEMPT" >>> >>> IF = "No – eFONA" required, then open table "1st eFONA ATTEMPT" >>>

Was intubation through SGA attempted?	Yes ☐ No ☐ >>> branch IF = Yes, then show >>> **What technique was used?** (drop-down) Blind intubation through SGA Intubation through SGA with flexible optical bronchoscope and Aintree intubation catheter Intubation through SGA with flexible optical laryngoscope Other **Was this successful?** Yes ☐ No ☐

--1st 2nd and 3rd eFONA ATTEMPTS --------------------------------------

>>> table only appears if 'No - eFONA attempted >>> **1st emergency Front of Neck Airway (eFONA) attempt**	
Final attempt at face-mask ventilation before 1st eFONA?	Yes ☐ No ☐ >> branch IF = Yes, then show >> **To what degree was facemask ventilation successful?** Effective/adequate ☐ Difficult (no plateau, end tidal CO_2 ≤1.3kPa) Impossible (no end tidal CO_2 detected, no ventilation)
If supra-glottic sited, was this left in place during 1st eFONA?	Yes ☐ No ☐
How was 1st attempt at eFONA performed? (drop-down)	Scalpel-bougie-tube cricothyroidotomy 'Cannula cricothyroidotomy' with ≤2mm ID cannula 'Cannula cricothyroidotomy with >2mm ID cannula Emergency surgical tracheostomy Percutaneous tracheostomy Other
Neck position for 1st eFONA (drop-down)	Neutral Sniffing the morning airway Fully hyperextended Other
Who attempted 1st eFONA? (drop-down)	1st intubator 2nd intubator Team leader Another airway practitioner (called to help – not part of initial intubating team) ENT surgeon Other
Person who performed 1st eFONA (drop-down)	>>> branch IF = Another airway practitioner, show >>> **Training background – of person who performed eFONA:** (drop-down) Anaesthesia Intensive care medicine (ICM) Emergency medicine ICM and anaesthesia ICM and EM ICM and internal medicine Other Unknown >>> branch IF = Another airway practitioner OR ENT doctor, show >>> **Job grade** (drop-down) Doctor: Consultant

	Doctor: Associate specialist Doctor: SAS (or equivalent) Doctor: ST5-7 (or fellow / equivalent) Doctor: ST3-4 (or fellow / equivalent) Doctor: CT1-2 (or fellow / equivalent) Anaesthesia associate / Physician assistant in Anaesthesia Anaesthesia associate student / Physician assistant in Anaesthesia student (or equivalent) ODP (operating department practitioner) ODP student Anaesthetic nurse ACCP or equivalent ACCP trainee ICU nurse Physicians associate Specialist nurse / ANP (or equivalent) ED nurse any band Other staff member
Was 1^{st} eFONA successful?	Yes No – 2^{nd} attempt at eFONA required No – eFONA abandoned after 1^{st} attempt (for any reason) >>> IF = “No – 2^{nd} attempt at eFONA required”, then open table “2^{nd} eFONA attempt” >>>

>>> table only appears if “No- 2^{nd} attempt at eFONA required” >>> **2^{nd} emergency Front of Neck Airway (eFONA) attempt**	
Final attempt at face-mask ventilation before 2^{nd} eFONA?	Yes ☐ No ☐ >> branch IF = Yes, then show >> **To what degree was facemask ventilation successful?** Effective/adequate ☐ Difficult (no plateau, end tidal CO2 ≤1.3kPa) Impossible (no end tidal CO2 detected, no ventilation)
If supra-glottic sited, was this left in place during 2^{nd} eFONA?	Yes ☐ No ☐
How was 2^{nd} attempt eFONA performed? (drop-down)	Scalpel-bougie-tube cricothyroidotomy ‘Cannula cricothyroidotomy’ with ≤2mm ID cannula ‘Cannula cricothyroidotomy with >2mm ID cannula Emergency surgical tracheostomy Percutaneous tracheostomy Other
Neck position for 1^{st} eFONA (drop-down)	Neutral Sniffing the morning airway Fully hyperextended Other

Who attempted 1st eFONA? (drop-down)	1st intubator 2nd intubator Team leader Another airway practitioner (called to help – not part of initial intubating team) ENT surgeon Other
Grade of person who attempted 1st eFONA? (drop-down)	>>> branch IF = Another airway practitioner, show >>> **Training background – of person who performed eFONA:** (drop-down) Anaesthesia Intensive care medicine (ICM) Emergency medicine ICM and anaesthesia ICM and EM ICM and internal medicine Other Unknown >>> branch IF = Another airway practitioner OR ENT doctor, show >>> **Job grade** (drop-down) Doctor: Consultant Doctor: Associate specialist Doctor: SAS (or equivalent) Doctor: ST5-7 (or fellow / equivalent) Doctor: ST3-4 (or fellow / equivalent) Doctor: CT1-2 (or fellow / equivalent) Anaesthesia associate / Physician assistant in Anaesthesia Anaesthesia associate student / Physician assistant in Anaesthesia student (or equivalent) ODP (operating department practitioner) ODP student Anaesthetic nurse ACCP or equivalent ACCP trainee ICU nurse Physicians associate Specialist nurse / ANP (or equivalent) ED nurse any band Other staff member
Was 1st eFONA successful?	Yes No – 3rd attempt at eFONA required No – eFONA abandoned after 2nd attempt (for any reason) >>> IF = "No – 3rd attempt at eFONA required", then open table "3rd eFONA attempt" >>>

>>> table only appears if "No - 3rd attempt at eFONA required" >>> **3rd emergency Front of Neck Airway (eFONA) attempt**	
Final attempt at face-mask ventilation before 3rd eFONA?	Yes ☐ No ☐ >> branch IF = Yes, then show >> **To what degree was facemask ventilation successful?** Effective/adequate ☐ Difficult (no plateau, end tidal CO2 ≤1.3kPa) Impossible (no end tidal CO2 detected, no ventilation)
If supra-glottic sited, was this left in place during 3rd eFONA?	Yes ☐ No ☐
How was 3rd attempt eFONA performed? (drop-down)	Scalpel-bougie-tube cricothyroidotomy 'Cannula cricothyroidotomy' with ≤2mm ID cannula 'Cannula cricothyroidotomy with >2mm ID cannula Emergency surgical tracheostomy Percutaneous tracheostomy Other
Who attempted 3rd eFONA? (drop-down)	1st intubator 2nd intubator Team leader Another airway practitioner (called to help – not part of initial intubating team) ENT surgeon Other
Grade of person who attempted 3rd eFONA? (drop-down)	>>> branch IF = Another airway practitioner, show >>> **Training background – of person who performed eFONA:** (drop-down) Anaesthesia Intensive care medicine (ICM) Emergency medicine ICM and anaesthesia ICM and EM ICM and internal medicine Other Unknown >>> branch IF = Another airway practitioner OR ENT doctor, show >>> **Job grade** (drop-down) Doctor: Consultant Doctor: Associate specialist Doctor: SAS (or equivalent) Doctor: ST5-7 (or fellow / equivalent) Doctor: ST3-4 (or fellow / equivalent) Doctor: CT1-2 (or fellow / equivalent) Anaesthesia associate / Physician assistant in Anaesthesia Anaesthesia associate student / Physician assistant in Anaesthesia student (or equivalent)

	ODP (operating department practitioner) ODP student Anaesthetic nurse ACCP or equivalent ACCP trainee ICU nurse Physicians associate Specialist nurse / ANP (or equivalent) ED nurse any band Other staff member
Was 3rd eFONA successful?	Yes No – but further attempts performed No – eFONA abandoned after 3rd attempt (for any reason) >>> branch IF = No – but further attempts performed >>> **How many attempts at eFONA IN TOTAL?** *Enter number _____*