

1. SCENE INFORMATION

- | | |
|--|--------------------------------------|
| a. Date | h. Name of MFI Medic |
| b. Dispatch Time | i. Name of Medic Assistant 1 |
| c. Arrive on Scene | j. Name of Medic Assistant 2 |
| d. Depart Scene Time | k. Name of Medical Control Physician |
| e. Arrive at Hosp Time | l. Receiving Hospital |
| f. Agency Name | m. Patient Care Report Number |
| g. Status Trip Report Reference Number | |

2. PATIENT INFORMATION

- | | |
|----------------------|----------------------|
| a. Age | e. Clinical Scenario |
| b. Weight | |
| c. Gender | |
| d. Clinical Category | |

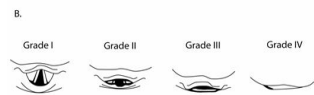
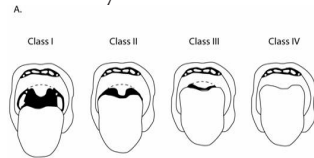
3. AIRWAY MANAGEMENT PRIOR TO MFI

- | | |
|--|---|
| <p>a. BLS Airway Interventions</p> <ul style="list-style-type: none"> • Chin Lift/Jaw Thrust • Patient Positioning • NPA • OPA • High Flow O2 • BVM • Other | <p>b. ALS Airway Interventions</p> <ul style="list-style-type: none"> • Intubation (Oral/Nasal/Digital) • Bougies • Supraglottic Airway • CPAP • Other |
|--|---|

c. Patient Exam

- L** - ook Externally:
- E** - valuate (3-3-2): Mouth
- M** - allampati (A):
- O** - bstruction:
- N** - eck:

Mentum - Hyoid Bone Hyoid - Thyroid Cartilage



View of vocal Cords (B):

Tube placement verified by:
Direct Visualization

EtCO2

Auscultation

Other

Indications for MFI:

