

**Detroit/East Medical Control Authority**  
 Administrative Office  
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**DEMCA QUALITY IMPROVEMENT  
 CLINICAL INDICATORS**

2013

Agency: \_\_\_\_\_

**Title:** Airway Management - Adult Patients 16 years of age and older

**Standard:** ET intubation will be established to secure and maintain a patent airway in specific cases pre hospital patients as indicated by the DEMCA protocols  
 Items: 1-7 for all patients meeting criteria in ALS units, items 3 and 7 for basic units

**Reference:** This standard may be referenced to the DEMCA Airway management/Oxygenation

Procedure:				
Specific Clinical Indicators	Total Number of Patients	Successful Airway	Percent	Threshold
	(Intubation indicated)	(Intubation attempted)		
1. ET intubation in a patient with compromised airway:				95%
a. Cardiac Arrest				
b. Unconscious				
c. Decreased LOC with GCS of < 8 with absent gag reflex				
d. Severe respiratory compromise				
(patients indicated and patients attempted, not number of attempts)				
2. ET intubation occurs within 3 attempts				95%
3. If intubation not established (for ALS), Supraglottic Airway is attempted	(indicated)	(attempted)		95%
The total indicated should equal number of unsuccessful ET intubations.				
unless listed as exceptions. Please note exceptions.				
4. Advanced airway insertion must occur with verification of initial tube placement by auscultation and ET CO2 detector.				100%
(total successful ET and supraglottic airway)				
5. Verification of correct tube placement following any patient movement				90%
(total successful ET and supraglottic airway)				
6. The tube is secured and tube depth is marked				100%
(total successful ET and supraglottic airway)				
Bag valve mask ventilation is performed with respiratory arrest until				
Advanced airway control is performed.				100%

**Methods:** Data collected through retrospective run review. Calculation of percent: (Number success/total number)x100  
**Screen:** Review Priority 1 patients until 10% of appropriate patients can be entered into audit, or minimum of 25 if greater than 10% of patients.  
**Audit due:** \_\_\_\_\_ **Audit completed:** \_\_\_\_\_ **Summary Report date:** \_\_\_\_\_  
 Document reasons if threshold is not met, provide plan for remediation to correct the issues.  
**Comments / Audit Exceptions:**