

RSI Clinical Review Sheet

Date: _____

Incident #: _____

Nature of the Call: _____

Receiving Facility: *Hospital* _____ *Air Transport* _____

Age of Patient: _____

Sex of Patient: _____

Authorizing Doctor: _____

Crew Members: _____

Successful Intubation: _____

Number of Attempts: _____

Dose of sedative used: _____

Dose of paralytic used: _____

Patient Outcome: _____

Please comment: _____

Any complications: _____

Provider suggestions for improvement of program: _____