



King Vision Blade Surveillance

This form is intended to assist NTRAC in surveillance of our King Vision Blade program. Please fill out this form completely after each intubation using the King Vision device. Do not place any protected health information (PHI) on this form. This information will be kept secure and used for process improvement and data collection only. A completed form is necessary to obtain a replacement blade from the NTRAC program.

Agency: _____

Date blade was used: _____

Patient classification:

- Medical
- Trauma
- Other: _____

Reason for use:

- Cervical spine stabilization
- Difficult airway
- Other: _____

Number of intubation attempts: _____

Type of blade used: Standard Channeled

Bougie: Yes No

Patient demographics

Age: _____

Sex: M F

Comments:
