

Study ID:

**Critical events in anaesthetised kids undergoing tracheal intubation – a prospective, multi-centre observational study**

**“CRICKET” STUDY CRF**

Inclusion and exclusion criteria	
<b><u>Inclusion criteria</u></b>	
Age < 16 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Planned for tracheal intubation	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Exclusion criteria</u></b>	
Age ≥ 16 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Already intubated	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “ALL YES” for inclusion criteria and “ALL NO” for exclusion criteria, INCLUDE patient	
<b>Study ID – Generated by e-CRF:</b>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
<b>Consent form obtained:</b>	<input type="checkbox"/> Yes - <input type="checkbox"/> No - <input type="checkbox"/> Not applicable (consent waived)
<b>Date of Informed Consent dd-Mmm-YYYY (Month in English starting with capital letter)</b>	
_ _ - _ _ _ - _ _ _ _	

Study ID:

IDENTIFYING DATA – TO KEEP SEPARATE FROM CRF		
A	<b>Date e-CRF created</b>	_ _  /  _ _ _  /  _ _ _ _  (dd/Mmm/YYYY)
B	<b>Hospital ID</b> ( For local use only)	Patient Hospital/local Identification Number :

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SECTION 1		
PATIENT DATA & HISTORY		
1	<b>Child age at the day of anaesthesia</b>	__ __  Years (0-15) -  __ __  Months (0-12) -  __ __  Days (0-30) (calculated upon date of anaesthesia, section 3) If age < 1 month, enter days only If age < 1 year, enter months only If age > 1 year, enter years only
2	<b>Child weight at the day of anaesthesia</b>	__ __ __  .  __  Kilograms  __ __ __  cm
3	<b>Gestational age at birth:</b>	__ __  weeks <input type="checkbox"/> Info not available/child older than 2 years
4	<b>Birth weight:</b>	__ . __ __ __  kg [0.000-9.999] <input type="checkbox"/> Info not available
5	<b>Sex:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undefined
6	<b>History of previous difficult intubation</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Info not available/ no previous airway management
8	<b>Has the child any known congenital abnormality/syndrome?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, tick all that apply:</i> <input type="checkbox"/> Known or suspected myopathy <input type="checkbox"/> Congenital heart disease <input type="checkbox"/> Chromosomopathy <input type="checkbox"/> Congenital syndrome or sequence (e.g. Pierre Robin) <input type="checkbox"/> Other congenital malformation
9	<b>Has the child any cranio-facial abnormality?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, tick all that apply:</i> <input type="checkbox"/> Limited mouth opening <input type="checkbox"/> Macroglossia <input type="checkbox"/> Micrognathia <input type="checkbox"/> Limited neck movement <input type="checkbox"/> Obstructed airway <input type="checkbox"/> Dymorphism <input type="checkbox"/> Facial Asymmetry <input type="checkbox"/> Cleft lip/palate <input type="checkbox"/> Neck mass <input type="checkbox"/> Other cranio-facial abnormality

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SECTION 2			
CURRENT CONDITION (THE DAY OF INTUBATION)			
1	Recent Upper Respiratory Tract Infection (<2 weeks): <input type="checkbox"/> No - <input type="checkbox"/> Yes		
2	History of laryngitis/croup (last 2 weeks): <input type="checkbox"/> No - <input type="checkbox"/> Yes		
3	History of asthma or bronchiolitis (last 12 months): <input type="checkbox"/> No - <input type="checkbox"/> Yes		
4	Gastro-esophageal reflux: <input type="checkbox"/> No - <input type="checkbox"/> Yes If Yes: treated with proton pump inhibitor: <input type="checkbox"/> No - <input type="checkbox"/> Yes		
5	Known lung pathology (other than asthma) or cardiac pathology: <input type="checkbox"/> No - <input type="checkbox"/> Yes ( if yes, fill 5.1, (tick all that apply)		
5.1	<input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Bronchopulmonary Dysplasia <input type="checkbox"/> Cyanotic congenital heart disorder (right-to-left shunts) <input type="checkbox"/> Acyanotic congenital heart disorder (left-to-right shunts) <input type="checkbox"/> Obstructive congenital heart disorder <input type="checkbox"/> Single ventricle physiology with palliative surgery (any stage) <input type="checkbox"/> Other, specify:		
6	Degree of surgical planning: <input type="checkbox"/> Scheduled - <input type="checkbox"/> Unscheduled (urgency, emergency)		
7	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">           ASA:  <input type="checkbox"/> I (healthy patient)  <input type="checkbox"/> II (mild systemic disease)  <input type="checkbox"/> III (severe systemic disease)  <input type="checkbox"/> IV (life threatening condition)  <input type="checkbox"/> V (not expected to survive, if not surgery)         </td> <td style="width: 50%; vertical-align: top;">           Pediatric Risk Assessment (PRAM): *            +1 Urgent            +2 Comorbidity            +3 Critically ill (preop. cardio-respiratory support)            +3 Age &lt; 12 months            +4 Neoplasm  <input type="checkbox"/> Total score (calculated by eCRF)         </td> </tr> </table>	ASA: <input type="checkbox"/> I (healthy patient) <input type="checkbox"/> II (mild systemic disease) <input type="checkbox"/> III (severe systemic disease) <input type="checkbox"/> IV (life threatening condition) <input type="checkbox"/> V (not expected to survive, if not surgery)	Pediatric Risk Assessment (PRAM): * +1 Urgent +2 Comorbidity +3 Critically ill (preop. cardio-respiratory support) +3 Age < 12 months +4 Neoplasm <input type="checkbox"/> Total score (calculated by eCRF)
ASA: <input type="checkbox"/> I (healthy patient) <input type="checkbox"/> II (mild systemic disease) <input type="checkbox"/> III (severe systemic disease) <input type="checkbox"/> IV (life threatening condition) <input type="checkbox"/> V (not expected to survive, if not surgery)	Pediatric Risk Assessment (PRAM): * +1 Urgent +2 Comorbidity +3 Critically ill (preop. cardio-respiratory support) +3 Age < 12 months +4 Neoplasm <input type="checkbox"/> Total score (calculated by eCRF)		
8	Location of intubation by anaesthesia team: <input type="checkbox"/> Operating room <input type="checkbox"/> Intervention room outside the operating room <input type="checkbox"/> Cardiac cath lab <input type="checkbox"/> PICU/NICU <input type="checkbox"/> Emergency department/ward <input type="checkbox"/> Radiology department <input type="checkbox"/> Other, specify:		
9	Specialty of the procedure: <input type="checkbox"/> General surgery (abdominal, visceral) <input type="checkbox"/> ENT <input type="checkbox"/> Cardiac surgery <input type="checkbox"/> Interventional cardiology <input type="checkbox"/> Thoracic surgery <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Plastic surgery <input type="checkbox"/> Craniofacial <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Orthopaedics <input type="checkbox"/> Urology <input type="checkbox"/> Neuroradiology/general radiology <input type="checkbox"/> Other, specify:		

Study ID:

<b>SECTION 3</b>	
<b>DATA COLLECTION</b>	
Date and time of anaesthesia (induction):	__ _ - __ _ _ - __ _ _ _  dd/Mmm/yyyy  __ _ : __ _  HH:MM [0-23]: [0-59]

	Is today's tracheal intubation an anticipated difficult intubation: <input type="checkbox"/> No - <input type="checkbox"/> Yes
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<b>1</b>	<b>Anaesthesia induction</b>	(Tick all that apply) <input type="checkbox"/> <b>Inhalational</b> <input type="checkbox"/> Sevoflurane <input type="checkbox"/> N <sub>2</sub> O <input type="checkbox"/> Other  <input type="checkbox"/> <b>Intravenous</b> <input type="checkbox"/> Propofol <input type="checkbox"/> Midazolam <input type="checkbox"/> Ketamine <input type="checkbox"/> Thiopentone <input type="checkbox"/> Dexmedetomidine <input type="checkbox"/> Other, specify:		
<b>2. Opioids at induction</b>				
<input type="checkbox"/> No <input type="checkbox"/> Yes (fill in 2.1)				
<b>2.1</b>	<input type="checkbox"/> Fentanyl	<b>2.4</b>	<input type="checkbox"/> Remifentanyl	
<b>2.2</b>	<input type="checkbox"/> Sufentanyl	<b>2.5</b>	<input type="checkbox"/> Morphine	
<b>2.3</b>	<input type="checkbox"/> Alfentanyl	<b>2.6</b>	<input type="checkbox"/> Other, specify:	
<b>3</b>	<b>Neuromuscular blocking agent (NMBA) used for intubation</b>	If yes, specify which NMBA: <input type="checkbox"/> Succinylcholine <input type="checkbox"/> Cisatracurium <input type="checkbox"/> Atracurium <input type="checkbox"/> Rocuronium <input type="checkbox"/> Vecuronium		
<b>3.1</b>	<b>Timing of NMBA</b>	<input type="checkbox"/> Before 1st attempt <input type="checkbox"/> Between 1st and 2 <sup>nd</sup> attempt <input type="checkbox"/> After 2 <sup>nd</sup> attempt		
<b>4</b>	<b>Technique of induction</b> (Defined at page 17)	<input type="checkbox"/> Standard anaesthesia induction with bag-mask ventilation <input type="checkbox"/> Intubation of spontaneously breathing patient <input type="checkbox"/> Modified rapid sequence intubation (includes bag-mask ventilation) <input type="checkbox"/> Rapid sequence intubation (no bag-mask ventilation)		
<b>5</b>	<b>Type of anaesthesia</b>	<input type="checkbox"/> Inhalational <input type="checkbox"/> Total IntraVenous Anaesthesia (TIVA)		

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SECTION 4		
FIRST INTUBATION ATTEMPT		
<b>Degree of operator's experience performing 1<sup>st</sup> attempt</b>		<input type="checkbox"/> Consultant with >= 5-year experience in pediatric anesthesia <input type="checkbox"/> Consultant with < 5-year experience in pediatric anesthesia <input type="checkbox"/> Trainee/registrar <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Medical student
<b>Primary speciality of the person performing the intubation</b>		<input type="checkbox"/> Anesthesia <input type="checkbox"/> Intensive Care <input type="checkbox"/> Neonatology <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> ENT <input type="checkbox"/> Other, specify:
<b>1</b>	<b>Technique of choice</b>	<input type="checkbox"/> Oral intubation <input type="checkbox"/> Nasal intubation
<b>1.1</b>	<b>Position during intubation</b>	<input type="checkbox"/> Supine <input type="checkbox"/> Ramping <input type="checkbox"/> Lateral <input type="checkbox"/> Other, specify:
<b>2</b>	<b>Type of tracheal tube</b>	<input type="checkbox"/> Cuffed Size: _____ <input type="checkbox"/> Uncuffed Size: _____ <input type="checkbox"/> Double lumen tube Size: _____
<b>3</b>	<b>Pre-oxygenation (FiO<sub>2</sub> &gt;80% for at least 1 min prior to intubation)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>4</b>	<b>Supplemental oxygen administered during intubation attempt?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>4.1</b>	<b>If yes, how was O<sub>2</sub> given?</b>	<input type="checkbox"/> Nasal cannula <input type="checkbox"/> Via nasopharyngeal tube <input type="checkbox"/> Via tracheal tube <input type="checkbox"/> Other, specify:
<b>4.2</b>	<b>If yes, flow of O<sub>2</sub> given</b>	<input type="text"/> <input type="text"/> L/min
<b>5</b>	<b>Intubation technique / device used. Tick more than 1, if combined technique used</b>	<input type="checkbox"/> Direct laryngoscopy with standard blade <input type="checkbox"/> Direct laryngoscopy with hyper-angulated blade <input type="checkbox"/> Video-laryngoscopy with standard blade <input type="checkbox"/> Video-laryngoscopy with hyper-angulated blade <input type="checkbox"/> Channeled video laryngoscope <input type="checkbox"/> Flexible optical bronchoscope <input type="checkbox"/> Rigid scope <input type="checkbox"/> Other, specify:
<b>6</b>	<b>Cormack-Lehane score</b>	<input type="checkbox"/> <b>1</b> (full view of the glottis) <input type="checkbox"/> <b>2a</b> (partial view of glottis) <input type="checkbox"/> <b>2b</b> (only arytenoid cartilages visualized) <input type="checkbox"/> <b>3</b> (only epiglottis visualized, none of the glottis seen) <input type="checkbox"/> <b>4</b> (neither glottis of epiglottis seen)
<b>7</b>	<b>POGO-Score</b> (Percentage of glottic opening for laryngeal grading. The POGO score represents the linear span from anterior commissure to inter-arytenoid notch)	<input type="checkbox"/> <b>76-100</b> (full view of the glottis) <input type="checkbox"/> <b>51-75</b> (partial view of glottis) <input type="checkbox"/> <b>26-50</b> (only half of vocal cord and arytenoid visible) <input type="checkbox"/> <b>1-25</b> (only lower fourth of vocal cord and arytenoid visible) <input type="checkbox"/> <b>0</b> (no glottic structure visible)
<b>8</b>	<b>Preventive additional equipment</b>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> (complete 8.1)
<b>8.1</b>	<b>Type of additional equipment</b> (tick all that apply)	<input type="checkbox"/> Stylet (device in the tube, reinforcing it) <input type="checkbox"/> Intubation catheter (longer device to railroad the tube into the trachea) <input type="checkbox"/> Cricoid pressure <input type="checkbox"/> McGill nipper <input type="checkbox"/> Other, specify:

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9	<b>Intubation successful</b>	<input type="checkbox"/> No (go to 9.1) <input type="checkbox"/> Yes
9.1	<b>Reason for failure/abandoning attempt (tick all that apply)</b>	<input type="checkbox"/> Insufficient view <input type="checkbox"/> Drop in oxygenation <input type="checkbox"/> Failure to advance tube <input type="checkbox"/> Need for extra device <input type="checkbox"/> Need to change technique <input type="checkbox"/> Need for help from senior staff or colleague <input type="checkbox"/> Other, describe:

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SECOND INTUBATION ATTEMPT		
<b>Degree of operator's experience performing 2<sup>nd</sup> attempt</b>	<input type="checkbox"/> Consultant with >= 5-year experience in pediatric anesthesia <input type="checkbox"/> Consultant with < 5-year experience in pediatric anesthesia <input type="checkbox"/> Trainee/registrar <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Medical student	
<b>Primary speciality of the person performing the intubation</b>	<input type="checkbox"/> Anesthesia <input type="checkbox"/> Intensive Care <input type="checkbox"/> Neonatology <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> ENT <input type="checkbox"/> Other, specify:	
<b>Was the patient ventilated between the 1<sup>st</sup> and 2<sup>nd</sup> attempt</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

<b>1</b>	<b>Change of intubation route</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>1.1</b>	<b>Intubation route 2<sup>nd</sup> attempt</b>	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal
<b>1.2</b>	<b>Position during intubation</b>	<input type="checkbox"/> Supine <input type="checkbox"/> Ramping <input type="checkbox"/> Lateral <input type="checkbox"/> Other, specify:
<b>2</b>	<b>Change type of tracheal tube</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.1</b>	<b>Type of tracheal tube</b>	<input type="checkbox"/> Cuffed                      Size: _____ <input type="checkbox"/> Uncuffed                      Size: _____
<b>3</b>	<b>Supplemental oxygen (started or continued) during intubation attempt?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.1</b>	<b>If yes, how was O<sub>2</sub> given?</b>	<input type="checkbox"/> Nasal cannula <input type="checkbox"/> Via nasopharyngeal tube <input type="checkbox"/> Via tracheal tube <input type="checkbox"/> Other, specify:
<b>3.2</b>	<b>If yes, flow of O<sub>2</sub> given</b>	<input type="text"/> <input type="text"/> L/min
<b>4</b>	<b>Intubation technique / device used. Tick more than 1, if combined technique has been used</b>	<input type="checkbox"/> Direct laryngoscopy with standard blade <input type="checkbox"/> Direct laryngoscopy with hyper-angulated blade <input type="checkbox"/> Video-laryngoscopy with standard blade <input type="checkbox"/> Video-laryngoscopy with hyper-angulated blade <input type="checkbox"/> Channeled video laryngoscope <input type="checkbox"/> Flexible optical bronchoscope <input type="checkbox"/> Rigid scope <input type="checkbox"/> Other, specify:
<b>5</b>	<b>Cormack-Lehane score</b>	<input type="checkbox"/> <b>1</b> (full view of the glottis) <input type="checkbox"/> <b>2a</b> (partial view of glottis) <input type="checkbox"/> <b>2b</b> (only arytenoid cartilages visualized) <input type="checkbox"/> <b>3</b> (only epiglottis visualized, none of the glottis seen) <input type="checkbox"/> <b>4</b> (neither glottis or epiglottis seen)
<b>6</b>	<b>POGO-Score</b> (Percentage of glottic opening for laryngeal grading. The POGO score represents the linear span from anterior commissure to inter-arytenoid notch)	<input type="checkbox"/> <b>76-100</b> (full view of the glottis) <input type="checkbox"/> <b>51-75</b> (partial view of glottis) <input type="checkbox"/> <b>26-50</b> (only half of vocal cord and arytenoid visible) <input type="checkbox"/> <b>1-25</b> (only lower fourth of vocal cord and arytenoid visible) <input type="checkbox"/> <b>0</b> (no glottic structure visible)
<b>7</b>	<b>Need for additional equipment</b>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> (complete 7.1)
<b>8.1</b>	<b>Type of additional equipment</b> (tick all that apply)	<input type="checkbox"/> Stylet (device in the tube, reinforcing it) <input type="checkbox"/> Intubation catheter (longer device to railroad the tube into the trachea) <input type="checkbox"/> Cricoid pressure



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		<input type="checkbox"/> McGill nipper <input type="checkbox"/> Other, specify:
<b>9</b>	<b>Intubation successful</b>	<input type="checkbox"/> No (go to 9.1) <input type="checkbox"/> Yes
<b>9.1</b>	<b>Reason for failure/abandoning attempt (tick all that apply)</b>	<input type="checkbox"/> Insufficient view <input type="checkbox"/> Drop in oxygenation <input type="checkbox"/> Failure to advance tube <input type="checkbox"/> Need for extra device <input type="checkbox"/> Need to change technique <input type="checkbox"/> Need for help from senior staff or colleague <input type="checkbox"/> Other, describe:



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		<input type="checkbox"/> McGill nipper <input type="checkbox"/> Other, specify:
8	<b>Intubation successful</b>	<input type="checkbox"/> No (go to 9.1) <input type="checkbox"/> Yes
8.1	<b>Reason for failure/abandoning attempt (tick all that apply)</b>	<input type="checkbox"/> Insufficient view <input type="checkbox"/> Drop in oxygenation <input type="checkbox"/> Failure to advance tube <input type="checkbox"/> Need for extra device <input type="checkbox"/> Need to change technique <input type="checkbox"/> Need for help from senior staff or colleague <input type="checkbox"/> Other, describe:



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<b>8</b>	<b>Intubation successful</b>	<input type="checkbox"/> McGill nipper <input type="checkbox"/> Other, specify:
<b>8.1</b>	<b>Reason for failure/abandoning attempt (tick all that apply)</b>	<input type="checkbox"/> No (go to 9.1) <input type="checkbox"/> Yes  <input type="checkbox"/> Insufficient view <input type="checkbox"/> Drop in oxygenation <input type="checkbox"/> Failure to advance tube <input type="checkbox"/> Need for extra device <input type="checkbox"/> Need to change technique <input type="checkbox"/> Need for help from senior staff or colleague <input type="checkbox"/> Other, describe:

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**SECTION 5**

OVERALL NUMBER OF ATTEMPTS UNTIL SUCCESSFUL INTUBATION	
1. Was a successful intubation achieved?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Decision not to intubate	<input type="checkbox"/> No <input type="checkbox"/> Yes, comment:
3. Number of attempts until successful intubation or decision not to intubate	_ _  number of attempts
4. Time from induction of anaesthesia (page 5) until successful intubation achieved or decision not to intubate	_ _ _  mins
5. First measured etCO <sub>2</sub>	_ _ _  mmHg or  _ _  kPa (enter only one value)

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**SECTION 6**

EXTUBATION DETAILS		
1	Reversion of neuromuscular blocking agent (NMBA)  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable (no NMBA used)	<i>If yes, specify which:</i> <input type="checkbox"/> Neostigmine <input type="checkbox"/> Sugammadex
2	Monitoring of neuromuscular paralysis degree prior to extubation	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable (no NMBA used)
3	Technique of extubation	<input type="checkbox"/> Deep <input type="checkbox"/> Awake <input type="checkbox"/> not extubated – transferred intubated to ICU, PACU, etc.

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**SECTION 7**

Did any critical event correlated to the use of a tracheal tube, either at intubation, extubation or both, occur?

No (**END CRF HERE**)

Yes (fill in the next pages and follow up the patient)

Critical Event(s)	
	<b>When did the critical event(s) occur? (tick all that apply)</b> <input type="checkbox"/> Intubation <input type="checkbox"/> Maintenance of anaesthesia <input type="checkbox"/> Extubation <input type="checkbox"/> PACU/Recovery Room
<b>What kind(s) of critical event(s) occurred? Tick all that apply (refer to definition of critical events)</b>	
<input type="checkbox"/>	Severe hypoxemia (SpO2 < 85%, for at least 1 minute)
<input type="checkbox"/>	Severe bradycardia (for at least 1 minute)
<input type="checkbox"/>	Cardiac arrest leading to cardiopulmonary resuscitation
<input type="checkbox"/>	Esophageal intubation not immediately recognized (accompanied by desaturation and/or bradycardia)
<input type="checkbox"/>	Unintended bronchial intubation (accompanied by desaturation and/or bradycardia)
<input type="checkbox"/>	Accidental tracheal tube dislocation (after successful tracheal intubation)
<input type="checkbox"/>	Laryngospasm with need for treatment
<input type="checkbox"/>	Bronchospasm with need for treatment
<input type="checkbox"/>	Obstruction of the tracheal tube requiring lavage and/or tracheal tube exchange
<input type="checkbox"/>	Acute airway bleeding/ epistaxis
<input type="checkbox"/>	Stridor after extubation
<input type="checkbox"/>	Pneumothorax/pneumomediastinum
<input type="checkbox"/>	Pulmonary aspiration of gastric content
<input type="checkbox"/>	Negative pressure pulmonary edema
<input type="checkbox"/>	Can't intubate, can't oxygenate (CICO) situation
<input type="checkbox"/>	Death correlated to failed airway management
<input type="checkbox"/>	Other severe complication(s), describe:



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Treatment/ intervention undertaken in response to the critical event (tick all that apply)	
<input type="checkbox"/> Intervention	<input type="checkbox"/> Rescue mask ventilation, with Guedel or other adjuncts <input type="checkbox"/> Rescue supraglottic airway device insertion <input type="checkbox"/> Tracheal re-intubation/ change of tracheal tube <input type="checkbox"/> Post-extubation oxygen administration <input type="checkbox"/> CPAP / BiPAP <input type="checkbox"/> High-flow nasal oxygen <input type="checkbox"/> Chest tube or needle decompression <input type="checkbox"/> Pericardial drainage introduction <input type="checkbox"/> Kept intubated due to the airway complication <input type="checkbox"/> ECMO <input type="checkbox"/> Chest compressions <input type="checkbox"/> Other, describe:
<input type="checkbox"/> Pharmacological treatment	<input type="checkbox"/> Immediate muscle paralysis <input type="checkbox"/> Deepening anaesthesia by sedative drugs (e.g. propofol) <input type="checkbox"/> Beta-2 agonists (either IV or nebulized) <input type="checkbox"/> Atropine <input type="checkbox"/> Nebulized adrenaline <input type="checkbox"/> Intravenous adrenaline <input type="checkbox"/> Corticosteroids <input type="checkbox"/> Lidocaine <input type="checkbox"/> Diuretics <input type="checkbox"/> Other, describe:
<input type="checkbox"/> Front of Neck Access (FONA)	<input type="checkbox"/> Scalpel technique <input type="checkbox"/> Needle technique Please briefly describe :
<input type="checkbox"/> Other describe:	

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24-HOUR (or at discharge, if discharged before 24 hours) FOLLOW UP (if critical event(s) occurred)	
1	<b>Follow up at 24 hours/ at discharge completed for critical events</b> <input type="checkbox"/> No (END CRF HERE) <input type="checkbox"/> Yes (go to the following items)
2	Any sequelae (additional follow-up required) due to the critical event(s)? <input type="checkbox"/> No, patient fully recovered <input type="checkbox"/> Yes (fill in 2.1)
2.1	Additional treatment/ action <input type="checkbox"/> Delayed hospital discharge due to the critical event <input type="checkbox"/> Still intubated due to the critical event <input type="checkbox"/> Need for re-intubation after extubation within the first 24 hours <input type="checkbox"/> Still under low flow O <sub>2</sub> or HFNO <input type="checkbox"/> Other, specify:

**Note:**

**If follow-up at 24 h, or at discharge, is performed and the child fully recovered, END CRF HERE**

**If child had any consequence after complication, follow up until hospital discharge or up to 30 days**

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Follow-up until hospital discharge or up to 30 days (fill in if critical event(s) occurred and consequences occurred)		
1	<b>Follow-up completed</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	1.1 If yes, date of final follow-up  _ _  -  _ _  -  _ _ _ _
2	<b>Patient status at final follow-up</b> <i>(Tick single most appropriate)</i>	<input type="checkbox"/> Discharged to home / Adverse event fully reversed <input type="checkbox"/> Still in hospital or transferred to another hospital <input type="checkbox"/> Need for further follow-up <input type="checkbox"/> Death 0 Other, describe
2.1	<b>Date of discharge (or death):</b>  _ _  -  _ _  -  _ _ _ _  dd/Mmm/yyyy	<b>If death, suspected cause:</b>
3	<b>Additional comments:</b>	

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<b>Definition of Critical Events</b>	
<b>“Critical Events” in this study and time frame</b>	Any episode of occurrence during tracheal intubation requiring a medical intervention from the start of anaesthesia until the end of anaesthesia (defined as handover to either the postanaesthesia care unit, the paediatric or neonatal intensive care unit, the ward or discharge home straight from anaesthesia care)
<b>Severe hypoxemia</b>	SpO <sub>2</sub> < 85% or >20 points below initial value, for at least 1 minute
<b>Severe bradycardia</b>	Persistent bradycardia for at least 1 minute: <ul style="list-style-type: none"> <li>• 0-3 months old: HR &lt; 80 bpm</li> <li>• 4 months – 2 years: HR &lt; 60 bpm</li> <li>• 2-10 years old: HR &lt; 40 bpm</li> <li>• 10-16 years old: HR &lt; 30 bpm</li> </ul>
<b>Esophageal intubation</b>	Tracheal tube placed in the esophagus diagnosed by (video-)laryngoscopy, absence of sustained EtCO <sub>2</sub> trace, absence of lung ventilation (auscultation or absence of chest excursions) causing a drop in oxygenation
<b>Laryngospasm</b>	Complete airway obstruction associated with rigidity of the abdominal and chest walls and leading to unsuccessful child’s ventilation, or glottic closure associated with chest movement but silent unsuccessful child’s respiratory efforts and assisted ventilation, unrelieved in both situations with simple jaw thrust and CPAP maneuvers and requiring the administration of medication (propofol, suxamethonium etc.) and/or tracheal (re)-intubation
<b>Bronchospasm</b>	Increased respiratory effort, especially during expiration, and wheeze on auscultation. Episode of bronchospasm requires the administration of a bronchodilator.
<b>Stridor after extubation</b>	Severe inspiratory flow limitation with sternal retraction, intrathoracic pressure swing, and potentially cyanosis occurring after extubation with or without the administration of oxygen, intravenous steroids and/or epinephrine (nebulization) or tracheal intubation. This can be documented clinically or with diagnostic examination, with persistence of symptoms.
<b>Obstruction of tracheal tube</b>	Obstruction of tracheal tube needing lavage or tube exchange
<b>Airway bleeding</b>	Acute bleeding from nose, arytenoids or pharynx causing obstruction or risk for pulmonary aspiration
<b>CICO</b>	Situation when there is failed intubation and failure to adequately oxygenate using facemask ventilation or supraglottic airway device resulting in increasing hypoxemia in an anaesthetised and paralysed patient
<b>Severe bradycardia/ Cardiac arrest</b>	Cessation of circulation (no pulse) or severe bradycardia (i.e. fibrillation/tachycardia) requiring chest compressions, during the intubation/extubation maneuvers.
<b>Pulmonary aspiration</b>	Presence of non-respiratory secretions (gastric, particulate, blood) in the airway as evidenced by (video-)laryngoscopy, suctioning, or bronchoscopy or radiologic signs.
<b>Pneumothorax/ Pneumomediastinum</b>	Air in the thorax and/or mediastinum as consequence of tracheal intubation and ventilation, causing lung collapse or mediastinum dislodgment.
<b>Negative pulmonary edema</b>	Non-cardiogenic pulmonary edema that results from the generation of high negative intrathoracic pressure needed to overcome upper airway obstruction.

<b>Other Definitions</b>	
<b>Rapid Sequence Intubation (RSI)</b>	Intravenous induction and paralysis without face mask ventilation until tracheal tube is in place. Applied as precaution for patients that might have a risk of pulmonary aspiration of any reason.
<b>modified Rapid Sequence Intubation (m-RSI)</b>	Intravenous induction and paralysis with rapid onset medications, gentle face mask ventilation and oxygenation until tracheal tube is in place. Applied as precaution for patients that might have a risk of pulmonary aspiration of any reason.