# eAirway.01 – Indications for Invasive Airway

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Definition** | | | | | | |
| The clinical indication for performing invasive airway management. | | | | | | |
| **Location in Runform** | | | | | | |
| Section | Vitals and Treatment | | Panel | | Airway | |
|  | | | | | | |
| **State Requirements** | | | | | | |
| NH State Usage | | Optional | | Custom Element | | No |
| State Schematron | | Warning | | Custom Values | | No |
|  | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **National Requirements** | | | | | |
| National Element | No | Recommended | | Has Pertinent Negatives (PN) | No |
| Recurrence in Record | 0:1 | Optional | Only Once | Allows NOT Values | Yes |
| Recurrence of Values | 0:M | Multi-Select | | Is Nillable (Can be Blank) | Yes |

|  |  |  |
| --- | --- | --- |
| **Attributes** | | |
| **NOT Values (NV)** |  |  |
| 7701001 - Not Applicable | 7701003 - Not Recorded | 7701005 - Not Reporting |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Constraints** | | | | | |
| **Data Type** | String | **minLength** | 0 | **maxLength** | 255 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Code List** | | | |
| **Displayed Label** | **Code** | **Description (Data Base Name)** | **Req** |
| Adequate Airway Reflexes/Effort, Potential for Compromise | 4001001 | Adequate Airway Reflexes/Effort, Potential for Compromise | R |
| Airway Reflex Compromised | 4001003 | Airway Reflex Compromised | R |
| Apnea or Agonal Respirations | 4001005 | Apnea or Agonal Respirations | R |
| Illness Involving Airway | 4001007 | Illness Involving Airway | R |
| Injury Involving Airway | 4001009 | Injury Involving Airway | R |
| Ventilatory Effort Compromised | 4001013 | Ventilatory Effort Compromised | R |
| Other | 4001011 | Other | R |

|  |
| --- |
| **Comments** |
| Testing the definitions section |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State Validation and Schematron Rules** | | | | |
| **Rule** | **Description** | **Points** | **Level** | **Schematron** |
| 172 | R172: Indications for invasive airway are required with an invasive airway. [-10] (eAirway.01) | 10 | State | Warning |
|  |  |  |  |  |

# eAirway.02 Date/Time Airway Device Placement Confirmation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Definition** | | | | | | |
| Date/Time Airway Device Placement Confirmation | | | | | | |
| **Location in Runform** | | | | | | |
| Section | Vitals and Treatment | | Panel | | Airway | |
|  | | | | | | |
| **State Requirements** | | | | | | |
| NH State Usage | | Required | | Custom Element | | No |
| State Schematron | | Warning | | Custom Values | | No |
|  | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **National Requirements** | | | | | |
| National Element | No | Recommended | | Has Pertinent Negatives (PN) | No |
| Recurrence in Record | 0:1 | Required | Single | Allows NOT Values | Yes |
| Recurrence of Values | Single – Select | | | Is Nillable (Can be Blank) | Yes |

|  |  |  |
| --- | --- | --- |
| **Attributes** | | |
| **NOT Values (NV)** |  |  |
| 7701001 - Not Applicable | 7701003 - Not Recorded | 7701005 - Not Reporting |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Constraints** | | | | | |
| **Data Type** | dateTime | **minInclusive** | 1950-01-01T00:00:00-00:00 | **maxInclusive** | 2050-01-01T00:00:00-00:00 |
| **Pattern** | [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2} | | | | |

|  |
| --- |
| **Comments** |
| Format YYYY-MM-DD  Format HH:MM:SS |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State Validation and Schematron Rules** | | | | |
| **Rule** | **Description** | **Points** | **Level** | **Schematron** |
| 25 | R25: The sequence of time requires that Time Airway Device Placement Confirmed occur after Arrived at Patient. [-10] esAirway.02) | 10 | National | Warning |

# eAirway.03 - Airway Device Being Confirmed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Definition** | | | | | | |
| The airway device in which placement is being confirmed. | | | | | | |
| **Location in Runform** | | | | | | |
| Section | Vitals and Treatment | | Panel | | Airway | |
|  | | | | | | |
| **State Requirements** | | | | | | |
| NH State Usage | | Required | | Custom Element | | No |
| State Schematron | | Warning | | Custom Values | | Yes |
|  | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **National Requirements** | | | | | |
| National Element | No | Recommended | | Has Pertinent Negatives (PN) | No |
| Recurrence in Record | 0:1 | Required | Single | Allows NOT Values | Yes |
| Recurrence of Values | Single | | | Is Nillable (Can be Blank) | Yes |

|  |  |  |
| --- | --- | --- |
| **Attributes** | | |
| **NOT Values (NV)** |  |  |
| 7701001 - Not Applicable | 7701003 - Not Recorded | 7701005 - Not Reporting |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Constraints** | | | | | |
| **Data Type** | String | **minLength** | 0 | **maxLength** | 255 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Code List** | | | |
| **Displayed Label** | **Code** | **Description (Data Base Name)** | **Req** |
| Nasotracheal Tube | It4003.100 | Other – Invasive Airway | QR |
| Endotracheal Tube | 4003003 | Endotracheal Tube | R |
| SAD-King | 4003009 | SAD-King | R |
| SAD-LMA | 4003011 | SAD-LMA | R |
| SAD-Other | 4003013 | SAD-Other | R |
| Tracheostomy Tube | 4003015 | Tracheostomy Tube | R |
| Other-Invasive Airway | 4003005 | Other-Invasive Airway | R |
| Cricothyrotomy Tube | 4003001 | Cricothyrotomy Tube | R |

|  |
| --- |
| **Comments** |
| Testing the definitions section |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State Validation and Schematron Rules** | | | | |
| **Rule** | **Description** | **Points** | **Level** | **Schematron** |
| 977 | R977: Airway Device being confirmed must be ETT when procedure is intubation [-10] (eAirway.03 | 10 | State | Warning |
| 1015 | R1015: Airway device being confirmed must be ETT or Nasal ETT when procedure is Nasal intubation [-10] (eAirway.03 | 10 | State | Warning |
| 1016 | R1016: Airway Device Being Confirmed must SAD-King or SAD-Other when Procedure is King or other single-lumen SGA [-10] (eAirway.03 | 10 | State | Warning |
| 1017 | R1017: Airway Device Being Confirmed must SAD-LMA when Procedure is an LMA [-10] (eAirway.03 | 10 | State | Warning |
| 1018 | R1018: Airway Device Being Confirmed must be Cricothyrotomy when Procedure is a Cricothyrotomy [-10] (eAirway.03 | 10 | State | Warning |