Institute for Clinical &
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ICTS | AT THE UNIVERSITY OF IOWA

University of Iowa
Institute for Clinical and Translational Science

Project COVERED

📖 Codebook ▾

📖 Data Dictionary Codebook
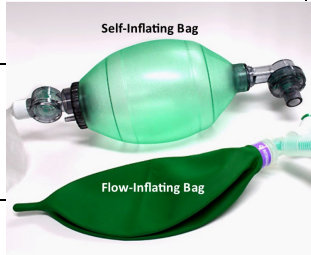
06/10/2020 10:37am

˅ Expand all instruments

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **Intubation/Cardiac Arrest Form** (intubationcardiac_arrest_form) 👤 Enabled as survey			˄ Collapse

423	int_form_comp_date	Date intubation form completed	text (date_mdy) Field Annotation: @TODAY @HIDDEN		
424	int_form_date	What was the date of the intubation or cardiac arrest event? *ica_2429*	text (date_mdy, Min: 2020-04-13, Max: 2021-04-15), Required		
425	int_form_mrn	Patient medical record number *ica_4787*	text, Required, Identifier		
426	int_form_mrn_verify	Please verify the patient's medical record number *ica_4787*	text, Required, Identifier		
427	int_form_mrn_verifymsg Show the field ONLY if: [int_form_mrn_verify]<>'' and ([int_form_mrn] <> [int_form_mrn_verify])	The patient's medical record numbers do not match. Please verify that you have entered the correct information in both fields.	descriptive		
428	int_form_pt_last_name	Patient last name *ica_2726*	text, Required		
429	int_form_event_type	What type of event occurred? *ica_2411*	radio, Required		
				1	Only endotracheal intubation in the ED
				2	Only cardiac arrest (without intubation in the ED)
				3	Both endotracheal intubation AND cardiac arrest in the ED
430	int_form_covid_result	Was this patient known to have COVID-19 at the time of the event? *ica_3714*	radio, Required		
				1	Yes, positive test result
				2	Unknown at the time of the event
				3	No, negative test result
431	int_form_pt_symp_start Show the field ONLY if: [int_form_covid_result]=1	When did the patient's symptoms start? *ica_5500*	text (date_mdy, Min: 2020-04-01, Max: 2021-04-15)		

432	int_form_pt_symp Show the field ONLY if: [int_form_covid_result]=1	Which of the following symptoms did the patient have at the time of ED evaluation (check all that apply)? *ica_8271*	checkbox, Required		
			1	int_form_pt_symp___1	Cough (dry)
			2	int_form_pt_symp___2	Cough (productive)
			3	int_form_pt_symp___3	Sore throat
			4	int_form_pt_symp___4	Runny nose
			5	int_form_pt_symp___5	Shortness of breath
			6	int_form_pt_symp___6	Fatigue
			7	int_form_pt_symp___7	Fever/chills (subjective)
			8	int_form_pt_symp___8	Fever (Over 100.4 deg F)
			9	int_form_pt_symp___9	Diarrhea
			10	int_form_pt_symp___10	Loss of smell or taste
			11	int_form_pt_symp___11	Unknown
433	int_form_num_covid_visits Show the field ONLY if: [int_form_covid_result]=1	How many prior health care visits did this patient have for COVID-19? *ica_7163*	text (number, Max: 10)		
434	int_form_covid_unknown_worry Show the field ONLY if: [int_form_covid_result] = '2'	How worried were you (at the time of the event) that this patient had COVID-19? *ica_3244*	radio		
			1	I was convinced that this patient had COVID-19	
			2	I was pretty sure this patient had COVID-19	
			3	I was pretty sure this patient did NOT have COVID-19	
			4	I was convinced that this patient did NOT have COVID-19	
435	int_form_acuity Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	What was the acuity of this procedure? *ica_3668*	radio, Required		
			1	Elective (time to prepare and discuss with family and with team, not urgent)	
			2	Semi-elective (little time to prepare or discuss with family and team, urgent but not emergency)	
			3	Emergent (patient's condition had deteriorated to the point that emergency intervention was immediately required)	
436	int_form_primaryint Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Were you the primary person performing the procedure? *ica_7032*	radio, Required		
			1	I was the primary intubator	
			2	I was supervising the intubation within 3 feet of the intubator, but I did not intubate	
			3	I was supervising the intubation initially, but then I participated by attempting intubation myself	

437	int_form_ppe	What PPE did you use while you were in the room? Please check all that apply. *ica_1189*	checkbox, Required

			1	int_form_ppe___1	Standard precautions only (handwashing, distancing from patients)
			2	int_form_ppe___2	Reusable face shields
			3	int_form_ppe___3	Disposable face-shields (single use)
			4	int_form_ppe___4	Safety glasses/goggles
			5	int_form_ppe___5	Surgical masks
			6	int_form_ppe___6	Reusable fabric masks
			7	int_form_ppe___7	N-95 masks/respirators
			16	int_form_ppe___16	Elastomeric respirators
			8	int_form_ppe___8	Powered positive-pressure air purification systems (PAPR, CAPR, etc.)
			9	int_form_ppe___9	Disposable surgical hat
			10	int_form_ppe___10	Reusable surgical hat
			11	int_form_ppe___11	Standard disposable isolation gown
			17	int_form_ppe___17	Reusable/washable isolation gown
			12	int_form_ppe___12	Full-body impermeable suit
			13	int_form_ppe___13	Gloves
			14	int_form_ppe___14	Double gloves
			15	int_form_ppe___15	Foot coverings
			0	int_form_ppe___0	None of the above

Field Annotation: @NONEOFTHEABOVE = '0'

438	int_form_fitted_n95 Show the field ONLY if: [int_form_ppe(7)] = '1'	Did you use the style and size of N-95 mask/respirator that has previously been shown to fit you? *ica_1581*	radio, Required
			1	Yes, I used the style that fit me best during my fit test.
			2	No, I used a different style.

439	int_form_ppe_conf	My confidence with my PPE during the event (confidence that I was protected from infection transmission) was: *ica_4335*	radio, Required
			1	Very high (I think I am safe)
			2	Moderately high
			3	Moderately low
			4	Very low (I think I have been contaminated)

440	int_other_tech_photo Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Please refer to this photo when answering the next question.	descriptive

441	int_form_other_tech Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Which of the following techniques were used for health care personnel protection? [check all that apply] *ica_2889*	checkbox, Required

For question 441, the answer options are:

1	int_form_other_tech___1	Intubation barrier protection (e.g., intubating boxes, intubating bags, etc .)
2	int_form_other_tech___2	Intubation barrier protection with integrated suction (e.g., intubating boxes connected to suction; negative pressure hood)
3	int_form_other_tech___3	Dedicated intubation response team (with dedicated staff)
4	int_form_other_tech___4	Intubation through a supraglottic device (e.g., intubating LMA, etc.)
5	int_form_other_tech___5	Other
0	int_form_other_tech___0	None of these

Field Annotation: @NONEOFTHEABOVE = '0'

442	int_form_addt_tech_oth Show the field ONLY if: [int_form_other_tech(5)] = '1'	What additional techniques did you use for the protection of health care personnel? *ica_1475*	notes

443	int_form_neg_press_rm	Did this event occur in a negative-pressure room? *ica_1907*	yesno, Required

1	Yes
0	No

444	int_form_dur	Estimate the total duration of time you were in the room? *ica_4369*	radio, Required

1	0-15 minutes
2	16-30 minutes
3	31-45 minutes
4	Over 45 minutes

445	int_form_pre_hosp Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Prior to the intubation attempt, which of the following were in place, either from the pre-hospital environment or placed in the ED? [check all that apply] *ica_4303*	checkbox, Required

1	int_form_pre_hosp___1	Prehospital supraglottic device (Intubating LMA, KingLT)
2	int_form_pre_hosp___2	High-flow nasal cannula (e.g., Optiflow, Vapotherm)
3	int_form_pre_hosp___3	CPAP/BiPap
4	int_form_pre_hosp___4	Nebulized medications (e.g., albuterol, ipratropium, etc.)
0	int_form_pre_hosp___0	None of the above

Field Annotation: @NONEOFTHEABOVE=0

446	int_form_pred_diff Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	What was the predicted level of intubation difficulty? *ica_4323*	radio

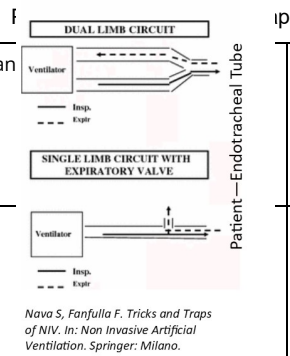| 1	Not expected to be difficult
2	Expected to be difficult

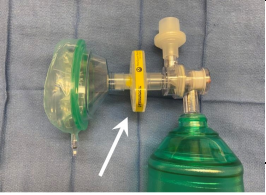| 447	int_form_reason Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	What was the primary reason for intubation? *ica_4396*	radio, Required
			1 Acute hypoxemia 2 Acute hypercapnia 3 Increased work of breathing 4 Mental status 5 This patient was intubated for another reason
448	int_form_reason_oth Show the field ONLY if: [int_form_reason]=5	Why was this patient intubated? *ica_2301*	text
449	int_form_pre_ox Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	What primary pre-oxygenation strategy was used? *ica_1575*	radio, Required
			1 Nasal cannula 2 Face mask 3 High-flow nasal cannula (e.g., Optiflow, Vapotherm) 4 CPAP/BiPap 5 Bag-valve mask 0 None
450	int_form_before_bag_valve Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Was bag-valve-mask ventilation required at any point during the intubation attempt BEFORE the endotracheal tube was placed? *ica_4747*	yesno, Required 1 Yes 0 No
451	int_form_before_bv_photo Show the field ONLY if: [int_form_before_bag_valve] = '1'	Please refer to this photo for the next question	descriptive
452	int_form_bv_before_type Show the field ONLY if: [int_form_before_bag_valve] = '1'	What type of bag did you use? *ica_2135*	radio, Required
			1 Self-inflating 2 Flow-inflating 3 Unknown
453	int_form_first_atmpt_stg Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3')	What strategy was used for the first intubation attempt? *ica_1341*	radio, Required
			1 No sedation 2 Rapid sequence induction (sedation and paralysis both) 3 Sedation only (no paralysis given) 4 Awake fiberoptic 5 Awake intubation with direct or video laryngoscopy
454	int_form_eq_1st Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Which equipment was used for the first attempt (please check one)? *ica_2260*	radio, Required
			1 Direct laryngoscopy 2 Video laryngoscopy 4 Supraglottic airway (intubating LMA, KingLT, etc.) 5 Retrograde intubation 6 Fiberoptic intubation 7 Cricothyroidotomy
455	int_form_gum_bougie Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Was the gum elastic bougie used for the first attempt? *ica_9060*	yesno, Required 1 Yes 0 No
456	int_form_pass_o2 Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3')	Was passive nasal oxygenation (nasal cannula for oxygenation during the apneic period) used during the first intubation attempt? *ica_1234*	yesno, Required 1 Yes 0 No

457	int_form_nsl_oral_photo Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Please refer to this photo when answering the next question	
458	int_form_nsl_orl_airway Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Was nasal or oral airway used during the intubation event? *ica_4144*	radio, Required 1 Nasal only 2 Oral only 3 Nasal and oral 4 Neither
459	int_form_success_1st Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Was intubation successful on the first attempt? *ica_1181*	yesno, Required 1 Yes 0 No
460	int_form_induction Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3')	Which of the following medications were given for induction during any intubation attempt [check all that apply]? *ica_1332*	checkbox, Required 1 int_form_induction___1 Propofol 2 int_form_induction___2 Etomidate 3 int_form_induction___3 Ketamine 4 int_form_induction___4 Midazolam 5 int_form_induction___5 Fentanyl 6 int_form_induction___6 Other 0 int_form_induction___0 None Field Annotation: @NONEOFTHEABOVE = '0'
461	int_form_induct_other Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and ([int_form_first_atmpt_stg]=2 or [int_form_first_atmpt_stg]=3) and [int_form_induction(6)] = '1'	What other medication(s) for induction, beyond what was listed above, were given for induction during any intubation attempt? *ica_3963*	text
462	int_form_paralysis Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3')	Which of the following medications were given for paralysis during any intubation attempt [check all that apply]? *ica_3456*	checkbox, Required 1 int_form_paralysis___1 Succinylcholine 2 int_form_paralysis___2 Rocuronium 3 int_form_paralysis___3 Vecuronium 4 int_form_paralysis___4 Cisatracurium 0 int_form_paralysis___0 None Field Annotation: @NONEOFTHEABOVE = '0'
463	int_form_eq_any Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_success_1st]='0'	What equipment was used for any attempt [check all that apply]: *ica_1567*	checkbox, Required 1 int_form_eq_any___1 Direct laryngoscopy 2 int_form_eq_any___2 Video laryngoscopy 3 int_form_eq_any___3 Gum elastic bougie 4 int_form_eq_any___4 Supraglottic airway (intubating LMA, KingLT, etc.) 5 int_form_eq_any___5 Retrograde intubation 6 int_form_eq_any___6 Fiberoptic intubation 7 int_form_eq_any___7 Cricothyroidotomy

464	int_form_compl Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Which complications occurred during the intubation procedure [check all that apply]? Cardiac arrest should only be selected for patients who were not in cardiac arrest at the time of the intubation, then developed cardiac arrest during or immediately after intubation. *ica_2647*	checkbox, Required

1	int_form_compl___1	Hypoxia (SpO2< 90%)
2	int_form_compl___2	Severe hypoxia (SpO2< 80%)
3	int_form_compl___3	Hypotension (SBP< 90)
4	int_form_compl___4	Esophageal intubation
5	int_form_compl___5	Dental injury
6	int_form_compl___6	Cardiac arrest
7	int_form_compl___7	Failed airway (death without airway being placed)
0	int_form_compl___0	None

Field Annotation: @NONEOFTHEABOVE = '0'

465	int_form_intub_succ_multi Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_success_1st]='0'	Was intubation ultimately successful? *ica_3887*	yesno, Required 1 Yes 0 No

466	int_form_num_attpt Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_success_1st]=0	How many total attempts at intubation were required? (total attempts regardless of the number of providers attempting intubation) *ica_1201*	text (number)

467	int_form_oral_suct Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and ([int_form_pre_hosp(2)]='1' or [int_form_pre_hosp(3)]='1')	Was oral suctioning required at any point for clearance of secretions (could be before intubation, during intubation, or immediately after intubation)? *ica_1847*	yesno, Required 1 Yes 0 No

468	int_form_diff_actual Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	How difficult was this intubation? *ica_4449*	radio, Required 1 Very easy 2 Somewhat easy 3 Somewhat difficult 4 Very difficult

469	int_form_manual_bv_after Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Was manual bag-valve ventilation required AFTER the endotracheal tube was placed (before a mechanical ventilator was used)? *ica_4457*	yesno, Required 1 Yes 0 No

470	int_form_bv_after_photo_2 Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_manual_bv_after]='1'	Please refer to this photo for the next question	

471	int_form_bv_after_type Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_manual_bv_after]='1'	What type of bag did you use? *ica_2134*	radio, Required 1 Self-inflating 2 Flow-inflating 3 Unknown

472	int_form_vent_ed Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Was a mechanical ventilator used to ventilate this patient in the ED? *ica_2152*	yesno, Required 1 Yes 0 No

#	Variable / Show logic	Field Label	Field Type / Options
473	int_form_vent_photo Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1'	Please refer to this photo when an_____ question	descriptive
474	int_form_vent_type Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1'	What style of ventilator was it? *ica_2261*	radio, Required 1 Single-limb transport ventilator 2 Dual-limb ICU ventilator (closed circuit) 3 Unknown
475	int_form_bv_filter_photos Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1'	Please refer to this photo for the following question	descriptive
476	int_form_bv_filter_vent Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1'	Was a bacterial/viral filter connected to the endotracheal tube before any ventilation occurred? *ica_4169*	radio, Required 1 Yes 0 No 2 Unknown
477	int_form_filter_ex_port Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1' and [int_form_vent_type]='1'	Was a viral filter placed on the exhalation port? *ica_4582*	radio, Required 1 Yes 0 No 2 Unknown
478	card_arst_occur Show the field ONLY if: [int_form_event_type] = '3'	When did cardiac arrest occur? *ica_2144*	radio, Required 1 Prior to ED arrival 2 In the ED prior to intubation 3 During or within 5 minutes after intubation procedure 4 After intubation, but before patient transferred out of the ED
479	card_arst_occur_only Show the field ONLY if: [int_form_event_type] = '2'	When did cardiac arrest occur? *ica_2145*	radio, Required 1 Prior to ED arrival 2 In the ED
480	card_arst_defib Show the field ONLY if: ([int_form_event_type] = '2' or [int_form_event_type] = '3') and ([card_arst_occur] = '2' or [card_arst_occur] = '3' or [card_arst_occur] = '4')	Did defibrillation or cardioversion happen during the cardiac arrest in the ED? *ica_3454*	yesno, Required 1 Yes 0 No
481	card_arst_comp Show the field ONLY if: [int_form_event_type] = '2' or [int_form_event_type] = '3'	Did you personally perform chest compressions? *ica_2887*	yesno, Required 1 Yes 0 No
482	card_arst_length Show the field ONLY if: [int_form_event_type] = '2' or [int_form_event_type] = '3'	How long was the total cardiac arrest? *ica_2482*	radio, Required 1 0-10 minutes 2 11-30 minutes 3 Over 30 minutes
483	int_form_fluid_exp	Did you have any exposure to bodily fluids during the event? "Exposure" is defined as fluids that splashed onto unprotected skin or onto a mucous membrane. *ica_4124*	yesno, Required 1 Yes 0 No

484	int_form_oth_proc	What other procedures did you perform or supervise while in the room on this patient [check all that apply]? *ica_2116*	checkbox

checkbox

1	int_form_oth_proc___1	Arterial line placement
2	int_form_oth_proc___2	Central venous line placement
3	int_form_oth_proc___3	Chest tube placement
4	int_form_oth_proc___4	Fiberoptic bronchoscopy
5	int_form_oth_proc___5	Lumbar puncture
6	int_form_oth_proc___6	Paracentesis
7	int_form_oth_proc___7	Thoracentesis
8	int_form_oth_proc___8	Wound care (sutures, wound glue)
9	int_form_oth_proc___9	Other
0	int_form_oth_proc___0	None

Field Annotation: @NONEOFTHEABOVE='0'

485	int_fomr_oth_proc_spec Show the field ONLY if: [int_form_oth_proc(9)] = '1'	What procedures, not previously listed, did you perform or supervise while in the room with this patient? *ica_4835*	notes

486	int_form_ed_disp	The patient's ED disposition was *ica_3365*	radio, Required

1	Hospital admission
2	Died
3	Discharge from the ED to home/care facility (very rare)
4	Transferred to another hospital