

Please file this form as the **FIRST** page in the patient's notes folder

Difficult Airway Alert

| | |
|---------------------|------------------------|
| Name: | Operation: |
| DOB: | Operation date: |
| Hospital ID: | |

AIRWAY ASSESSMENT:

Known/anticipated difficult ventilation? Y / N difficult intubation? Y / N

Laryngoscopy grade: 1 2 3 4

(If operation: laryngoscopy grade at end of operation: 1 2 3 4)

CURRENT AIRWAY:

Endotracheal tube type: _____ Size _____

Tracheostomy type: _____ Size: _____ Inner tube Y / N

Tracheostomy: *percutaneous/surgical*

How is tracheostomy secured? *ties / sutured / stay sutures*

Intra-operative complications?

Is there a patient specific tracheostomy box at the patient's bedside? Y / N

PROPOSED PLAN FOR UNPLANNED LOSS OF AIRWAY

| | |
|---------------|--|
| Plan A | |
| Plan B | |
| Plan C | |

In an emergency: 'Anaesthetic emergency' call via 2222 / ENT via switchboard

Name:

DOB:

Hospital ID:

FURTHER DETAILS:

When was the airway last assessed / instrumented?

What features make it a difficult airway?

What, if any, effective solutions have been used in the past – including FOI?

