



SW884

Please insert your hospital logo here <h2 style="text-align: center;">Difficult Airway Alert</h2> Facility:	(Affix identification label here) URN: Family name: Given name(s): Address: Date of birth: Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I
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TO THE PATIENT:

- During your recent procedure your airway was found to be more difficult to manage than in most other people. This can make it more difficult to get oxygen to the lungs, heart, brain and other vital organs, which can potentially lead to serious and harmful outcomes, including death.
- Please keep this letter safe and show it to your doctor if you are admitted to hospital, and show it to the anaesthetic doctor if you need an operation.

TO THE GP: • Please copy this letter with any future referral.

Summary of Airway Management

Date of intervention:	<input type="checkbox"/> Elective	<input type="checkbox"/> Emergency	Patient weight (kg):
Reason for airway intervention:			
Was difficulty predicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details:			
Bag mask ventilation	Subjective	<input type="checkbox"/> Easy	<input type="checkbox"/> Difficult <input type="checkbox"/> Impossible
	Capnography [§]	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Not attempted
	Method	<input type="checkbox"/> 1 hand [†] <input type="checkbox"/> 2 hands [†] <input type="checkbox"/> OPA <input type="checkbox"/> NPA	
Comments:			
Supraglottic airway ventilation	<input type="checkbox"/> Easy	<input type="checkbox"/> Difficult	<input type="checkbox"/> Impossible <input type="checkbox"/> Not attempted
Comments:			
Tracheal intubation	<input type="checkbox"/> Easy	<input type="checkbox"/> Difficult	<input type="checkbox"/> Impossible <input type="checkbox"/> Not attempted
Comments:			
Direct laryngoscopy C&L	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 2: <input type="radio"/> A <input type="radio"/> B	<input type="checkbox"/> Grade 3: <input type="radio"/> A <input type="radio"/> B <input type="checkbox"/> Grade 4
Comments:			
Video laryngoscopy	Type of VL:	Blade:	POGO score:
Comments:			
Was a muscle relaxant used?	<input type="checkbox"/> BMV	<input type="checkbox"/> SGA	<input type="checkbox"/> Direct laryngoscopy <input type="checkbox"/> Videolaryngoscopy
Details:			
Was front of neck access attempted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details:			

[§]See over for grading capnography reference image.
[†]1 or 2 hands for mask; OPA, oropharyngeal airway; NPA, nasopharyngeal airway; VL, videolaryngoscope; POGO, percentage of glottic opening.

Equipment and techniques used: (Provide details of equipment/techniques used successfully or unsuccessfully. Where relevant, include comments on patient positioning and factors which may have contributed to difficulty).



