

Appendix

Date: (00/00/0000) RE: _____ has a difficult airway, DOB: (00/00/0000)

(Patient Name)

During your recent anesthetic and surgery, your anesthesia providers noted that you have a difficult airway.

Specifically: _____ difficult mask ventilation, _____ difficult laryngoscopy, _____ difficult intubation, or _____ failed intubation.

An unexpected difficult airway is a known potential concern with general anesthesia and can be dangerous. If you should need anesthesia or mechanical ventilation in the future, it is important that you inform your anesthesiologist and surgeon of the potential for a difficult airway. Ideally you would give them this letter to review.

Physical Exam:

Body mass index (BMI) < 25 _____ 25 - 30 _____ > 30 _____
Mallampati airway classification: _____ I- soft palate, uvula, pillars _____ II- soft palate, pillars
_____ III-soft palate _____ IV-hard palate
Mouth opening: _____ cm
Dentition: Native _____ prominent incisors _____ edentulous
_____ Jaw protrusion (can protrude lower incisors beyond upper incisors)
Thyromental distance: _____ > 6 cm _____ < 6 cm
Neck extension: _____ full (35°) _____ limited (<15°)

Details of what actually took place during airway management:

Intubation: _____ emergency _____ elective
Bag and mask ventilation was _____ Easy _____ Difficult _____ Not possible
Muscle relaxants were _____ administered _____ not administered
Cormack/Lehane Laryngoscopic view:

_____ I - full view of the glottis opening _____ II - epiglottis and arytenoids
_____ III - tip of epiglottis _____ IV - only soft palate

Intubation _____ Successful _____ Not successful

_____ An LMA was placed and anesthesia proceeded without further difficulties
_____ Intubation was performed _____ through a Fast track laryngeal mask airway
_____ with video assisted laryngoscopy
_____ with fiberoptic bronchoscope guidance

_____ An emergency tracheostomy was performed
_____ Your surgery and anesthetic were rescheduled
_____ Decadron was administered to prevent swelling postoperatively
_____ You were admitted postoperatively for _____
_____ Other _____

Extubation was _____ routine _____ over a stylet

Complications

Although a minor sore throat is common after general anesthesia, if you experience a persistent severe sore throat, difficulty swallowing or fever, immediately contact your surgeon and the anesthesiologist on call at the facility.

Sincerely,
Your Anesthesiologist (sign and print your name)