

HEIGHT (IN. OR CM.)

WEIGHT (LB. OR KG.)

DIFFICULT AIRWAY / INTUBATION REGISTRY Please complete this form and give to your patient along with the Difficult Airway Registry brochure.

Download this form at www.medicalert.org/difficultairway

1. PATIENT INFORMATION		2. PHYSICIAN & I	HOSPITAL INFORMATION	
T. PATIENT IN ORMATION	-	Z. I III SICIAIV & I	TOST FIAL INFORMATION	
FIRST MANAGE		FIRST NAME	LAST NAME	
FIRST NAME LAST NA	LAST NAME		LAST IVAIVIE	
MAILING ADDRESS CITY	STATE ZIP PROFESSIONAL TITLE AND		O SPECIALITY	
PHONE		HOSPITAL/FACILITY	PHONE	
EMAIL ADDRESS		ADDRESS	CITY STATE ZIP	
☐ Male ☐ Female				
DATE OF BIRTH (MM/DD/YYYY)	1/DD/YYYY) GENDER		ORD NUMBER	
3. DIFFICULT AIRWAY/INTUBATION WHAT WAS THE OPERATIVE PROCEDURE AND DATE?	ASA PHYSICAL STATU ASA physical status patient)		IF ANTICIPATED, HOW? ☐ airway history given by patient ☐ airway history given by family	
PROCEDURE MO/DAY/YR	ASA physical status systemic disease)	II (patient with mild		
WAS THE OPERATIVE PROCEDURE	☐ ASA physical status systemic disease)	III (patient with severe	prior ENT surgeryprior head and neck radiation	
ELECTIVE OR NON-ELECTIVE? ☐ Elective ☐ Non-elective	☐ ASA physical status systemic disease that	IV (patient with severe tis constant threat to life)	prior airway pathology	
WHERE DID THE DIFFICULT AIRWAY/ INTUBATION EVENT OCCUR?	☐ ASA physical status	•	documentation in patient's medical recorddiagnostic testsconsultations	
☐ Hospital operating room	☐ ASA physical status E	(emergency procedure)	☐ current physical examination	
□ Post-anesthesia care unit/recovery room			☐ radiation changes	
☐ Intensive care unit		ITORING WAS USED?	☐ other	
☐ Emergency department	☐ Capnography ☐ Color-change/colorimetric ☐ Digital			
☐ Nursing unit or ward			WHAT TYPE OF DIFFICULTY WAS ENCOUNTERED? SELECT ALL THAT APPLY.	
☐ Remote hospital procedure site			☐ Mask/ventilation	
☐ Ambulatory surgery center	□ Waveform		☐ Supraglattic Airway (SGA)	
☐ Other	□ Oximetry□ None			
	■ None		☐ Intubation	
PATIENT HEIGHT AND WEIGHT	WAS DIFFICULT AIRW ANTICIPATED?	/AY/INTUBATION	☐ Extubation ☐ Other	
	D Vaa D Na			

PAGE 1 form continues on next page >

WHAT PATIENT CHARACTERISTICS WERE	THYROMENTAL DISTANCE		KHETERPAL MASK VENTILATION GRADE
RELATED TO THE DIFFICULT AIRWAY/ INTUBATION? SELECT ALL THAT APPLY.	1 fingerbreadth		(IF ATTEMPTED)
□ small mouth opening	2 fingerbreadths		 Kheterpal mask ventilation grade 1 (ventilated by mask)
☐ temporomandibular joint	☐ 3 fingerbreadths		□ Spontaneous
☐ prognathism			☐ Kheterpal mask ventilation grade 2
☐ limited mandibular protrusion	NECK EXTENSION		(ventilated by mask with oral airway/ adjuvant with or without muscle relaxant)
☐ beard	☐ Full		□ Muscle relaxant
☐ large tongue	☐ Limited, >35 degrees		☐ Kheterpal mask ventilation grade 3
☐ dentition/large teeth	☐ Limited, <35 degrees		(difficult ventilation [inadequate, unstable,
☐ edentulous			or requiring 2 providers] with or without muscle relaxant)
☐ redundant or edematous tissue	MODIFIED MALLAMPATI CLASS	~	□ Muscle relaxant
hypertrophied lingual tonsils			☐ Kheterpal mask ventilation grade 4 (unable to
☐ anterior/superior larynx	☐ Modified Mallampati Class I (soft palate, uvula, fauces,		mask ventilate with or without muscle relaxant)
☐ limited neck extension	pillars, visible)		☐ Muscle relaxant
☐ plastic surg implant in face/neck		<u> </u>	
☐ neck circumference	☐ Modified Mallampati Class		MODIFIED CORMACK-LEHANE GRADE
short thyromental distance	II (soft palate, uvula, fauces		☐ Grade 1 – most of glottic
☐ C-spine instability	visible)		opening is visible
☐ distorted ENT anatomy			☐ Grade 2 - only posterior
☐ Obesity	☐ Modified Mallampati Class		portion of the glottis or only
☐ Obstructive sleep apnea	III (soft palate, base of uvula		arytenoid cartilages are visible
☐ Infection	visible)		Crada 2 anhitha
☐ Pediatric syndrome			☐ Grade 3 – only the epiglottis is visible
☐ Pregnancy			epigrottis is visible
☐ Other	Modified Mallampati Class IV (only hard palate visible)		☐ Grade 4 – neither glottis nor epiglottis is visible
MOUTH OPENING			
☐ 1 fingerbreadth			
☐ 2 fingerbreadths			
☐ 3 fingerbreadths			
2 5 miger breadens			
4. SUCCESSFUL EQUIPMENT TECH	NIQUES		
WHAT EQUIPMENT/TECHNIQUES WERE	☐ Direct laryngoscope		☐ Rigid fiberoptic laryngoscope
SUCCESSFUL IN THE PATIENT'S AIRWAY MANAGEMENT? SELECT ALL THAT APPLY.	\square Macintosh (Size: \square 1 \square 2	□ 3 □ 4)	☐ Operative laryngoscope/Rigid laryngoscope
□ Awake	□ Miller (Size: □1 □2 □3 □4)		□ Holinger
☐ Asleep	□ Other		□ Dedo
☐ Face mask ventilation	☐ Video laryngoscope		☐ Rigid bronchoscope
□ Oral airway	(Size: □1 □2 □3 □4)		☐ Retrograde intubation set
□ Nasal airway	☐ Flexible fiberoptic bronchoscope		☐ Cricothyrotomy
☐ Supraglottic airway (SGA)/extraglottic	□ Oral		☐ Tracheotomy
device (EGD)	□ Nasal		☐ Percutaneous tracheostomy
☐ Intubating supraglottic airway	☐ Endotracheal introducer		☐ Other
	☐ Aintree exchange catheter		

□ Optical stylet _____

5. UNSUCCESSFUL EQUIPMENT TEC	LHNIQUES	
WHAT EQUIPMENT/TECHNIQUES WERE UNSUCCESSFUL IN THE PATIENT'S AIRWAY MANAGEMENT? SELECT ALL THAT APPLY. None Number of attempts 1 2 >3 Awake Asleep Face mask ventilation Oral airway Nasal airway Supraglottic airway (SGA)/extraglottic device (EGD) Intubating supraglottic airway Direct laryngoscope Macintosh (Size: 1 2 3 4) Miller (Size: 1 2 3 4) Other	□ Video laryngoscope (Size: □ 1 □ 2 □ 3 □ 4) □ Flexible fiberoptic bronchoscope □ Oral □ Nasal □ Endotracheal introducer □ Aintree exchange catheter □ Optical stylet □ Rigid fiberoptic laryngoscope □ Operative laryngoscope/Rigid laryngoscope □ Holinger □ Dedo □ Rigid bronchoscope □ Retrograde intubation set □ Cricothyrotomy □ Tracheotomy	□ Percutaneous tracheostomy □ Other ESTIMATED TIME FOR AIRWAY MANAGEMENT □ 0-15 minutes □ 15-30 minutes □ 30-60 minutes □ Longer than 60 minutes
6. PATIENT OUTCOME		
WHAT WAS THE PATIENT OUTCOME? SELECT ALL THAT APPLY. FOR RESEARCH PURPOSES ONLY. Airway secured and procedure completed Airway secured but procedure cancelled No adverse outcome Cancelled procedure Desaturation	 □ Aspiration □ Cardiovascular compromise/arrest □ Cricothyrotomy □ Tracheotomy □ Percutaneous tracheostomy □ Dental trauma □ Soft tissue or nasal trauma 	□ Esophageal trauma □ Laryngeal trauma □ Vocal cord trauma □ Tracheal trauma □ Barotrauma □ Hemorrhage □ Other
7. SIGNIFICANT EVENTS		
PLEASE DESCRIBE THE SIGNIFICANT EVENTS		
8. FINAL RECOMMENDATION		

FINAL COMMENTS/RECOMMENDATIONS FOR COLLEAGUES?