

Baylor Scott & White Anesthesiology – Central Texas 2401 South 31<sup>st</sup> Street, Temple, Texas 76508 Telephone (254) 724-2407 - Fax (254) 724-5369

Patient label

## History of a Difficult Airway – Provider Information

To Our Anesthesia Colleagues:			
On/, this patient (v difficult to intubate by direct laryng			
Reasons for difficulty include:			
	duced Neck Mobility	☐ Large Tongue	
☐ Anterior Larynx ☐ Re	duced Mouth Opening	☐ Immobile Epiglottis	
☐ Tumor ☐ Ot	her		
Ventilation by mask was:			
☐ Easy - ☐ without an airway dev	vice or ☐ with an ☐ oral	or a   ☐ nasal airway	
☐ Difficult - ☐ without an airway		<del></del>	
☐ Unsuccessful			
☐ Achieved using an LMA size			
Other			
Intubation was unsuccessfully atte	amnted with the nationt	asleen 🖂 awake by using:	
☐ Mac # blade	Miller		
Fiberoptic Bronchoscope	☐ Intubatin	<del></del>	
Retrograde Technique	<del></del> -	sal Intubation	
☐ Intubating LMA size	☐ Videolary		
Other	<del></del>	yrigoscopy	
	<del></del>		
Ultimately the airway $\  \  \  \  \  \  \  \  \  \  \  \  \ $			
$\square$ was secured with the patient $\square$ asleep, $\square$ awake by using:			
☐ Mac #blade	blade		
Fiberoptic Bronchoscope	☐ Intubatin		
Retrograde Technique	<del></del>		
Cricothyrotomy	☐ Tracheos	•	
Intubating LMA size	☐ Videolary	yngoscopy	
Other	<del></del>		
Any additional comments:			
/			
Date Time	Physician Last Name (Print)	Physician signature	
Practice Location		Contact Number	





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## **History of a Difficult Airway – Patient Information**

~ .			_(date), it was mo athing tube) for yo	ore difficult than usual to ou.
breathing tub	e into the pa	tient's trachea (	windpipe). This t	essary to put an airway ube assures the flow of I other vital organs.
anesthesia pr	ovider (anest inform them	hesiologist or ar	nesthetist) taking (	ormation letter to any care of you in the future. e the breathing tube for you
Your anesthes he/she is war	•		better position to	take good care of you if
	=	_	-	Medic Alert Bracelet stating: medicalert.org and others.)
/				
Date	Time	Physician La	st Name (Print)	Physician signature
Practice Location				Contact Number