



Baylor Scott & White Anesthesiology – Central Texas  
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Patient label

## History of a Difficult Airway – Provider Information

To Our Anesthesia Colleagues:

On \_\_\_/\_\_\_/\_\_\_, this patient (weighing \_\_\_\_\_ kg) with a BMI of \_\_\_\_\_ was found to be difficult to intubate by direct laryngoscopy at a Baylor Scott & White – Central Texas Facility.

### Reasons for difficulty include:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Prominent Teeth | <input type="checkbox"/> Reduced Neck Mobility | <input type="checkbox"/> Large Tongue        |
| <input type="checkbox"/> Anterior Larynx | <input type="checkbox"/> Reduced Mouth Opening | <input type="checkbox"/> Immobile Epiglottis |
| <input type="checkbox"/> Tumor           | <input type="checkbox"/> Other _____           |  |

### Ventilation by mask was:

- Easy -  without an airway device *or*  with an  oral *or* a  nasal airway  
 Difficult -  without an airway device *or*  with an  oral *or* a  nasal airway  
 Unsuccessful  
 Achieved using an LMA size \_\_\_\_\_  
 Other \_\_\_\_\_

### Intubation was unsuccessfully attempted with the patient asleep, awake by using:

- |  |   |
|--|---|
| <input type="checkbox"/> Mac # _____ blade         | <input type="checkbox"/> Miller # _____ blade   |
| <input type="checkbox"/> Fiberoptic Bronchoscope   | <input type="checkbox"/> Intubating Stylet      |
| <input type="checkbox"/> Retrograde Technique      | <input type="checkbox"/> Blind Nasal Intubation |
| <input type="checkbox"/> Intubating LMA size _____ | <input type="checkbox"/> Videolaryngoscopy      |
| <input type="checkbox"/> Other _____               |   |

### Ultimately the airway was not secured and the case was cancelled *OR*

- was secured with the patient  asleep,  awake by using:
- |  |   |
|--|---|
| <input type="checkbox"/> Mac # _____ blade         | <input type="checkbox"/> Miller # _____ blade   |
| <input type="checkbox"/> Fiberoptic Bronchoscope   | <input type="checkbox"/> Intubating Stylet      |
| <input type="checkbox"/> Retrograde Technique      | <input type="checkbox"/> Blind Nasal Intubation |
| <input type="checkbox"/> Cricothyrotomy            | <input type="checkbox"/> Tracheostomy           |
| <input type="checkbox"/> Intubating LMA size _____ | <input type="checkbox"/> Videolaryngoscopy      |
| <input type="checkbox"/> Other _____               |   |

Any additional comments:

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Physician Last Name (Print)

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Practice Location

\_\_\_\_\_  
Contact Number

