

VGH Intensive Care Unit Pre Intubation Airway Assessment Record

PCIS

Individual Completing Pre Intubation Airway Assessment Record: _____

Date of Evaluation: _____ (day)/_____ (mth)/_____ (year)

Patient History:

Has the patient had a previous difficult intubation? (i.e. Fiberoptic) yes no
Comment: _____

Does the patient have an unstable c-spine or previous spinal fusion? yes no
Specifics: _____

Does the patient have a history of OSA with CPAP use? yes no
Any treatment: _____

Does the patient have a history of burns to the head or neck? yes no
Comment: _____

Does patient have severe rheumatoid arthritis? yes no
Comment: _____

Has the patient had previous airway surgery or a previous tracheostomy? yes no
Specifics: _____

Clinical Examination – LEMON Assessment Method:

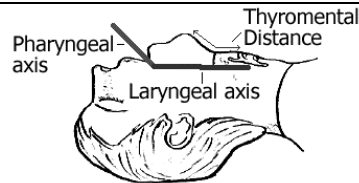
L – Look externally for characteristics known to cause difficult laryngoscopy (please circle all that apply)

Face Small jaw Edema Loose Teeth
 Facial hair Prominent Teeth Disfiguring of the Jaw
 Difficult Bag/Mask Ventilation (2 person, use of airway, inability to maintain seal)

Thorax / Abdomen Pregnancy Massive ascities Morbid obesity
 Bowel Obstruction

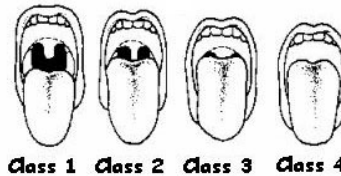
E – Evaluate the 3-3 Rule:

Mouth opening – 3 finger breadths yes no
Thyro-Mental distance – 3 finger breadths yes no



M – Mallampati Score

Mallampati Class: _____

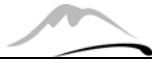


O – Obstruction (Is there any condition that can cause obstruction of the airway which would make laryngoscopy and ventilation difficult?)

- Tumors
- Stridor
- Congenital Defects (Down's, Goiter, Pierre-Robin Syndrome)
- Other obvious deformity _____

N – Neck mobility

Can the patient move their jaw forward? yes no
Can the patient fully bend / extend the head and neck? yes no
Is the patient in a cspine collar? yes no



PCIS

VGH Intensive Care Unit
VGH Intensive Care Unit
Post Intubation
Airway Assessment Record

Individual Completing Post Intubation Airway Assessment Record: _____

Date of Intubation: _____ (day)/ _____ (mth)/ _____ (year)

Level	<input type="checkbox"/> PGY (circle) 1 2 3	Specialty	<input type="checkbox"/> Internal Medicine
	<input type="checkbox"/> Attending Physician		<input type="checkbox"/> Emergency Medicine
	<input type="checkbox"/> Clinical Associate		<input type="checkbox"/> Surgery
	<input type="checkbox"/> ICU Fellow		<input type="checkbox"/> Anesthesiology
	<input type="checkbox"/> Respiratory Therapist		<input type="checkbox"/> Critical Care
	<input type="checkbox"/> Other		<input type="checkbox"/> Other

Location of Intubation:

- ICU Pre-hospital (EHS)
 Ward Other Facility
 Emergency _____
 OR

Total Number of Intubation Attempts: _____

Size of OETT / EVAC placed: _____

Confirmed Position at the Teeth: _____

Was Anesthesia called for Assistance? YES NO
 YES – failed attempt YES – anticipated difficult airway

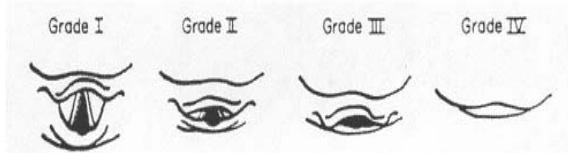
Modality Utilized for Intubation:

Attempt	Performed by	Successful?	Cricoid?	Technique (circle all appropriate)						
1		Y N	Y N	L	GS	B	LW	FOB	LMA	S
2		Y N	Y N	L	GS	B	LW	FOB	LMA	S
3		Y N	Y N	L	GS	B	LW	FOB	LMA	S

L = laryngoscope B = Bougie GS = Glidescope LW = lightwand
 FOB = fiberoptic S= Surgical LMA = laryngeal mask airway

Mallampati Score during Intubation _____

Glottic View during Intubation: _____



- Drug Utilized during Intubation: Sedated Awake
 Midazolam Fentanyl Ketamine Etomidate Succinylcholine
 Rocuronium Vasopressors Other _____

Date of Tracheostomy: _____ (day)/ _____ (mth)/ _____ (year) Type of Tube Placed: _____

Date of First Change: _____ (day)/ _____ (mth)/ _____ (year) Surgical Service: _____

Comments/ Concerns During Airway Procedures (Intubation or Tracheostomy):