



Queensland  
Government

## Difficult Airway Alert

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

Facility: .....

### TO THE PATIENT:

- During your recent procedure your airway was found to be more difficult to manage than in most other people. This can make it more difficult to get oxygen to the lungs, heart, brain and other vital organs, which can potentially lead to serious and harmful outcomes, including death.
- Please keep this letter safe and show it to your doctor if you are admitted to hospital, and show it to the anaesthetic doctor if you need an operation.

### TO THE GP:

- Please copy this letter with any future referral.

### Summary of Airway Management

Date of intervention: .....  Elective  Emergency Patient weight (kg):

Reason for airway intervention:

Was difficulty predicted?  Yes  No

Details:

|                             |                          |                                              |                                               |                                     |                                        |                              |
|-----------------------------|--------------------------|----------------------------------------------|-----------------------------------------------|-------------------------------------|----------------------------------------|------------------------------|
| <b>Bag mask ventilation</b> | Subjective               | <input type="checkbox"/> Easy                | <input type="checkbox"/> Difficult            | <input type="checkbox"/> Impossible | <input type="checkbox"/> Not attempted |                              |
|                             | Capnography <sup>§</sup> | <input type="checkbox"/> A                   | <input type="checkbox"/> B                    | <input type="checkbox"/> C          |                                        | <input type="checkbox"/> D   |
|                             | Method                   | <input type="checkbox"/> 1 hand <sup>†</sup> | <input type="checkbox"/> 2 hands <sup>†</sup> | <input type="checkbox"/> OPA        |                                        | <input type="checkbox"/> NPA |

Comments:

**Supraglottic airway ventilation**  Easy  Difficult  Impossible  Not attempted

Comments:

**Tracheal intubation**  Easy  Difficult  Impossible  Not attempted

Comments:

**Direct laryngoscopy C&L**  Grade 1  Grade 2:  A  B  Grade 3:  A  B  Grade 4

Comments:

**Video laryngoscopy** Type of VL: ..... Blade: ..... POGO score: .....

Comments:

Was a muscle relaxant used?  BMV  SGA  Direct laryngoscopy  Videolaryngoscopy

Details:

Was front of neck access attempted?  Yes  No

Details:

<sup>§</sup>See over for grading capnography reference image.

<sup>†</sup>1 or 2 hands for mask; OPA, oropharyngeal airway; NPA, nasopharyngeal airway; VL, videolaryngoscope; POGO, percentage of glottic opening.

**Equipment and techniques used:** (Provide details of equipment/techniques used successfully or unsuccessfully. Where relevant, include comments on patient positioning and factors which may have contributed to difficulty).

DO NOT WRITE IN THIS BINDING MARGIN





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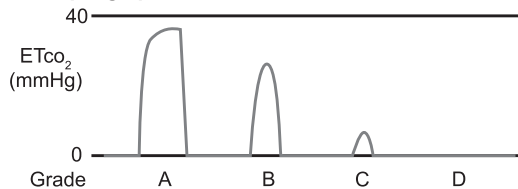
## Summary of Airway Management *(continued)*

*(This area is currently blank for summary of airway management.)*

## Reference images

**Image 1:** Grading mask ventilation by best capnograph. *(Adapted from Lim & Nielsen. Br J Anaesth. 2016;117(6):828-9).*

Best capnograph achieved:

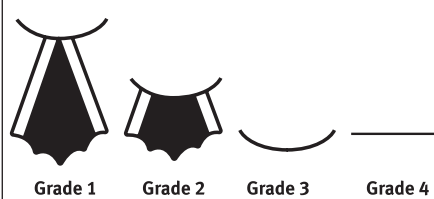


Grade A: plateau present  
Grade B: no plateau,  $ETco_2 \geq 10$ mmHg  
Grade C: no plateau,  $ETco_2 < 10$ mmHg  
Grade D: no  $ETco_2$

How this was achieved:

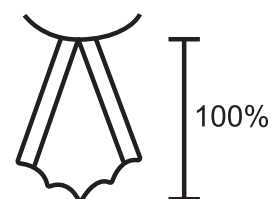
1 hand for mask  
2 hands for mask  
Oropharyngeal airway  
Nasopharyngeal airway  
Neuromuscular blocker

**Image 2:** Grading direct laryngoscopy by Cook's modification of Cormack & Lehane score. *(Adapted from Cook. Anaesthesia. 1999;54(5):496-7).*



| Grade | Description                        |
|-------|------------------------------------|
| 1     | Most of cords visible              |
| 2a    | Posterior part of cords visible    |
| 2b    | Arytenoids only visible            |
| 3a    | Epiglottis visible and liftable    |
| 3b    | Epiglottis visible and adherent    |
| 4     | No laryngeal structures visualised |

**Image 3:** Percentage of glottic opening (POGO) score represents the portion of the glottis visualised. *(Levitan et al. Anaesthesia. 1999;54(10):1009-10).*



For further information, see Difficult Airway Alert support document and glossary of terms

## Follow-up Care

**Copies of ALERT letter** *(tick when completed)*

- One copy of letter to patient
- One copy of letter in case notes
- One copy of letter to GP
- One copy of letter in Anaesthetic Department

**Actions** *(tick when completed)*

- Spoken to patient
- Anaesthetic record documentation complete
- Medical record alert completed in case notes
- ieMR alert completed/PDF upload to The Viewer
- Consider: smartphone alert and [WebAIRS](#) report

**NOTE:** Completed Difficult Airway Alert forms are uploaded to The Viewer and/or ieMR by designated officers in Queensland Health facilities. If you are unable to upload the completed alert, please contact the SWAPNet Coordinator on 07 3328 9164 or [SWAPNET@health.qld.gov.au](mailto:SWAPNET@health.qld.gov.au)

Senior Clinician attending (print name):

Qualifications/Level of Training:

Date:

If you require further information, please contact the Anaesthetic Department