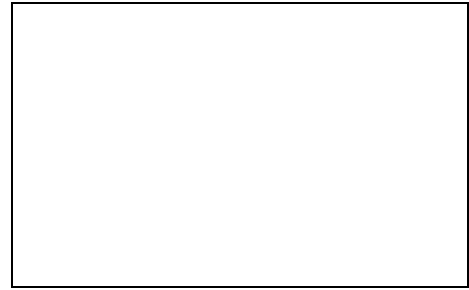




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Difficult Airway Form—Health Care Provider

Date: _____

To whom it may concern:

This patient was found to be difficult to intubate in the Operating Room at the University of Utah Medical Center.

Difficulty was:

- Unpredicted
- Predicted because: _____

Reason for difficulty included:

- | | | |
|--|--|--|
| <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"/> Other: _____ | | |

Manual bag/mask ventilation was:

- Easy
- Difficult
- Impossible

The patient's airway was ultimately secured:

- Awake
- Asleep
- Could not be secured

Using:

- | | | |
|--|---|---|
| <input type="checkbox"/> Alternative Blade: _____ | <input type="checkbox"/> Laryngeal mask # _____ | <input type="checkbox"/> Retrograde technique |
| <input type="checkbox"/> Stylet/Gum elastic bougie | <input type="checkbox"/> Light wand | <input type="checkbox"/> Cricothyrotomy |
| <input type="checkbox"/> Fiberoptic bronchoscope | <input type="checkbox"/> Blind nasal | <input type="checkbox"/> Tracheostomy |
| <input type="checkbox"/> Other: _____ | | |

Yours sincerely,

Signature of Physician