AIRWAY ALERT

|  |  |
| --- | --- |
| Name |  |
| Date of birth  Hospital number |  |
| Home address  Telephone  Fax  Email |  |

**To the patient:**

Please keep this letter safe and show it to your doctor if you are admitted to hospital.

Please show this letter to the anaesthetic doctor if you need an operation.

This letter explains the difficulties that were found during your recent anaesthetic and the information may be useful to doctors treating you in the future.

**To the GP:**

Please copy this letter with any future referral.

# Summary of Airway Management

Date of operation:

Type of operation:

|  |  |  |
| --- | --- | --- |
|  |  | **Reasons/comments** |
| Difficult mask ventilation? | YES / NO |  |
| Difficult Direct laryngoscopy? | YES / NO |  |
| Difficult tracheal intubation? | YES / NO |  |
| Laryngoscopy grade | 1 / 2 / 3 / 4 |  |

Equipment used:

Other information:

Is awake intubation necessary in the future?

**Follow up care (tick when completed)**

Copies of letter Spoken to patient

One copy to patient Anaesthetic chart complete

One copy to GP Information on front of case notes

One copy in case notes Medic Alert or Difficult Airway

One copy to Dr Lee or Dr Hussein Society referral (Specify)

Name of anaesthetist: Grade: Date:

If you require further information please contact the Anaesthetic Department.