



Office: _____

Address: _____

Phone: _____

To Whom It May Concern:

This patient was found to be **difficult to intubate**.

Difficulty was: Predicted Unpredicted

Reason for difficulty included:

- Reduced mouth opening Prominent teeth Large tongue
 Anterior larynx Reduced neck mobility Immobile epiglottis
 Other: _____

Manual bag/mask ventilation was:

- Easy Difficult Impossible

The airway was eventually secured:

- Awake Asleep Could not be secured

Using:

- ET tube size ____ Alternative blade _____ Laryngeal mask size ____
 Stylet Gum elastic bougie Intubating LMA size ____
 Light wand Glidescope Blind nasal
 Retrograde technique Fiberoptic bronchoscopy Cricothyrotomy
 Tracheostomy Other: _____

My **recommendation for future anesthetics** is:

- No specific recommendation. Anesthesiologist to decide based on his/her clinical judgment
 Induction with short-acting agent and alternative intubating equipment readily available
 Awake intubation

Name of anesthesiologist

Signature

Date