

AIDAA 2016
Difficult Airway Alert Form

Details of patient

Name of patient: _____ Date of birth: _____
 Co-morbidities: _____
 Contact details : _____

Details of hospital where the airway difficulty was encountered:

Name of hospital: _____
 Contact details : _____

Details of doctor who encountered the airway difficulty:

Name of the doctor: _____ Qualification: _____
 Contact details : _____

Details of airway management procedure

Date of airway event: _____ Location: (e.g. OT/ ICU/ ER)

Name of procedure /surgery if applicable:

- | | |
|---|----------|
| 1. Preoperative difficult airway anticipated | Yes / No |
| 2. Difficult mask ventilation | Yes / No |
| 3. Difficult direct laryngoscopy | Yes / No |
| 4. Difficult tracheal intubation | Yes / No |
| 5. Difficult supraglottic airway device insertion | Yes / No |
| 6. Airway complication following extubation | Yes / No |
| 7. Emergency cricothyroidotomy/tracheostomyrequired | Yes / No |

Complete details of nature of difficulty encountered in any of Items 1 to 7above(include number of attempts at laryngoscopy/SGA insertion and laryngoscopy grade if applicable)

Additional equipment used to overcome the difficulty

Details of associated complications if any

Desaturation/bradycardia/hypotension/cardiac arrest/aspiration/other

Any additional information (Please use the reverse of the page if required)

Awake intubation recommended in future Yes / No

Post-procedure checklist (check only after entering details above and procedures below)

- | | |
|---|----------|
| Patient/surrogate has been counselled | Yes / No |
| Details have been documented in case notes | Yes / No |
| Form attached to case notes/department record | Yes / No |
| Copy of form given to patient/surrogate | Yes / No |

Signature: _____ **Date:** _____

Name of Doctor: Place: _____

