**Airway Assessment**

29/10/08

References:

- EMAC Course Information

- Practice Guidelines for Management of the Difficult Airway (ASA 2003 Guidelines - Anesthesiology 2003; 98:1269-77)

**Difficult Airway**

*Australasian Definition*

= a adequately trained anaesthetist requiring > 3 attempts or > 10 minutes to insert an ETT into the trachea or failing entirely.

*US Definition*

= a clinical situation in which a conventionally trained Anesthesiologist experiences difficulty with:

- face mask ventilation of the upper airway

- and/or tracheal intubation

HISTORY

- focussed

- reason for surgery and approach

- alarm symptoms - stridor, orthopnoea, dysphagia, SOB, drooling

- exercise capacity

- past medical history

- meds

- allergies

- smoking

CHART REVIEW

- previous anaesthetics

- previous OT

- previous difficulties with mask ventilation or laryngoscopy (Cormack & Lehane Grade)

EXAMINATION

- Mallampati

- Range of motion of head and neck (<90 degrees = limitation of neck movement)

- TMD

- Jaw protrusion

- Neck length

- Neck thickness

- Teeth prominence (upper incisors)

- Interincisor distance

- Relation of maxillary to mandibular incisors during normal jaw closure

- Shape of palate

- Compliance of mandibular space

- Sternometnal distance

- Beards

- Edentuous

INVESTIGATIONS

- XR

- CT

- MRI

**Special Risk Groups**

Pregnancy

Medical Conditions

- radiation changes

- angio-oedema

- oral tumours

- obesity

- cervical fusion (ankylosing spondylitis, scleroderma)

- cervical instability (RA)

- OSA

Burns

Recent intubation (trauma)

The bleeding airway

Airway trauma - blunt or penetrating