

Appendix C - POSTOPERATIVE EVALUATION

Surgery Canceled: Yes No **Anesthesia related:** Yes No
Airway related: Yes No If yes, why? _____

MASK VENTILATION

SpO₂ Breathing room air: _____ % SpO₂ Breathing 100% oxygen: _____ %
 Attempted? Yes No
 Mild (require oral/nasal airway) Moderate (Can ventilate with assistance) Severe (Cannot ventilate with facemask) Extreme (Cannot ventilate with supraglottic device)
 Difficult? Yes No
 If yes, why? _____

Successful? Yes No

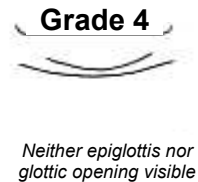
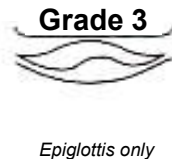
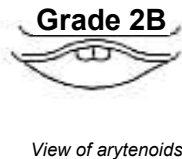
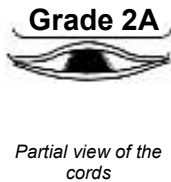
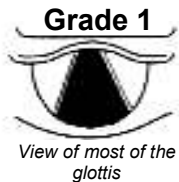
SUPRAGLOTTIC AIRWAY DEVICE

Attempted? Yes No Number of attempts? _____
 Type: LMA / Fastrach / ProSeal / LT / LT-Suction / Cobra / Combitube / Soft Seal / Ambu AuraOnce / ILA / Other: _____
 Difficult? Yes No
 If yes, why? _____

Successful? Yes No

DIRECT LARYNGOSCOPY

Attempted? Yes No Number of attempts? _____
 Type of blade(s): _____
 Circle best grade viewed with laryngeal manipulation:



Difficult? Yes No
 If yes, why? _____

INTUBATION

Attempted? Yes No Number of attempts? _____
 Difficult? Yes No
 If yes, why? _____

Successful direct laryngoscopy? Yes No

Alternative methods: (Circle all that apply; include number of attempts for each; indicate if used for teaching purposes)

Nasal Fiberoptic _____ Oral Fiberoptic _____ Awake _____
 Bougie _____ Frova/Aintree _____ Lightwand _____
 Bonfils/Shikani _____ Bullard/Upsher/WuScope _____ McCoy _____
 GlideScope _____ Video Macintosh _____ Retrograde _____
 Other: _____

Successful? Yes No

SURGICAL AIRWAY

Attempted? Yes No Emergent / Elective
 Difficult? Yes No Number of attempts? _____
 If yes, why? _____
 Successful? Yes No

EXTUBATION

Location: OR PACU Other: _____
 Reintubation required? Yes No
 Complications? _____

Registered difficult airway with Medic Alert? Yes No Not Applicable

Location: Hermann LBJ	Date:	Evaluation Completed by:
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