

# ICU ANTICIPATED DIFFICULT AIRWAY FORM

NHS Lothian

Adapted from the NAP4 Checklist, Report and findings of the 4th National Audit Project of The Royal College of Anaesthetists

PATIENT'S NAME	ATTACH PATIENT LABEL		
DATE OF BIRTH			
CHI NUMBER			
POSTCODE			
REASON FOR ANTICIPATED DIFFICULT AIRWAY			
ANTICIPATED PROBLEM	Requiring Intubation		
	Re-intubation following accidental extubation		
	Re-establishing tracheostomy after displacement		
	Difficult planned extubation		

<b>PLAN:</b>							
<p align="center"><b>**CALL ICU CONSULTANT &amp; ANAESTHETICS SPR**</b></p> <p align="center"><b>**CONSIDER TRANSFER TO THEATRE FOR REINTUBATION**</b></p>							
PLAN A							
PLAN B							
PLAN C							
<b>CONFIRM:</b>							
DATE							
Plan A equipment available on ICU							
Plan B equipment available on ICU							
Plan C equipment available on ICU							
On-call Anaesthetic Consultant Aware							
Any additional staff required informed							

NAME & GRADE OF DOCTOR .....

SIGNED .....