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| **PATIENT INFORMATION** | **NAME SURNAME:** | **OPERATION:** |
| **PROTOCOL NO:** | **OPERATION DATE:** |

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| **ASA** | **1** | | |  | | |  | | |
| **2** | | |  | | |  | | |
| **3** | | |  | | |  | | |
| **4** | | |  | | |  | | |
| **5** | | |  | | |  | | |
| **E** | | |  | | |  | | |
| **MALLAMPATHY CLASSIFICATION** | | | | | | | | | |
|  | | | | | | | | | |
| **Class 1** | | **Class 2** | | | | **Class3** | | | **Class4** |
| **Expected difficult intubation,**  **Is equipment needed ready?**  **Yes No** | | | | | | | | | |
|  | | | **Yes** | | **No** | | | **Explaining** | |
| **Aspiration risk** | | |  | |  | | |  | |
| **Allergy** | | |  | |  | | |  | |
| **Drug story** | | |  | |  | | |  | |
| **sickness** | | |  | |  | | |  | |
|  | | | | | | | | | |
| **Abnormal Findings of the examination** | | | | | | | | | |
|  | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **AIRWAY** | **Ready and Functional** | |  |  | | --- | --- | | **Yes** | **No** | | |  |  | | --- | --- | | **Yes** | **No** | |
| Mask |  |  |
| Airway |  |  |
| Laringoskop |  |  |
| Endotracheal Tups |  |  |
| Guide wire |  |  |
|  | | |  |  | | --- | --- | | **Yes** | **No** | | |  |  | | --- | --- | | **Yes** | **No** | |
| **RESPIRATORY** | Leakage (300 ml/min  Fresh airflow 30 cm H₂O? |  |  |
| What about the color of sodalime? |  |  |
| Ventilator control check? |  |  |
| **Suction: Functional ?** | |  |  |
|  | | |  |  | | --- | --- | | **Yes** | **No** | | |  |  | | --- | --- | | **Yes** | **No** | |
| **DRUGS AND EQUIPMENTS** | Oxygene tub  Full and Ready to use |  |  |
| Vaporizator  Full and Functional |  |  |
| IV line: Functional |  |  |
| Drugs: Ready |  |  |
| Blood and Liquids: Ready |  |  |
| Monitory: Functional |  |  |
| Humidifire, Heating:  Functional |  |  |
|  | | |  |  | | --- | --- | | **Yes** | **No** | | |  |  | | --- | --- | | **Yes** | **No** | |
| **URGENCY** | Assistant |  |  |
| Adrenaline |  |  |
| Süksinilkolin/Rokuronium |  |  |
| Ambu |  |  |
| Table |  |  |