Print Date 01/30/2024

	San Francisco Department of Public Health	
Eme	ergency Airway Access Form	

1	Patient Name:
	DOB:
· · · · · · · · · · · · · · · · · · ·	MRN:

This form is to be completed by a provider / surgeon for all patients with a surgical airway or having laryngectomy or tracheostomy procedures.

Upper airway connection to trachea <u>IS</u> patent Ventilate through nose/mouth	Upper airway connection to trachea <u>IS NOT</u> patent Ventilate ONLY through tracheal stoma			
OR tracheostomy.	CANNOT INTUBATE from above			
tracheostomy tube	laryngectomy tube			
Tracheostomy	Tracheal stoma with laryngectomy			
1. Current tracheostomy: #	1. Current airway:			
2. Date of Surgery: / /	2. Date of Surgery: / /			
3. If requires direct intubation of stoma:	3. If requires direct intubation of stoma:			
Trach tube: #	Trach tube: #			
ETT: #	ETT: #			
Special Instructions: (stay sutures, Bjork flap, notable anatomical features)				
First tracheostomy change completed Date: / /				
Surgery Service: Pager / Phone #:				
Form completed by:				
Name:	Date: /			

2-197 (rev 1_24) Worksheet: If found place in medical record Medical Record: Emergency Services