

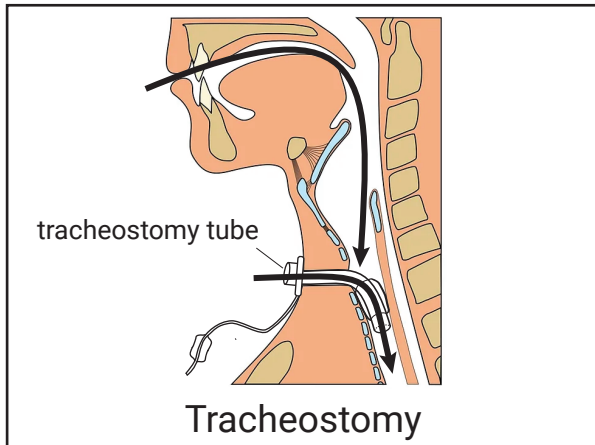
Emergency Airway Access Form

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 IS patent
 check ✓

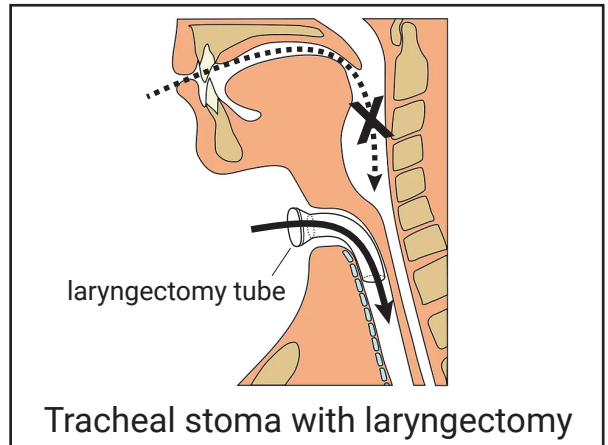
Ventilate through nose/mouth
 OR tracheostomy.



1. Current tracheostomy: # _____
2. Date of Surgery: ____ / ____ / ____
3. If requires direct intubation of stoma:
 Trach tube: # _____
 ETT: # _____

Upper airway connection to trachea IS NOT patent
 check ✓

Ventilate ONLY through tracheal stoma
CANNOT INTUBATE from above



1. Current airway: _____
2. Date of Surgery: ____ / ____ / ____
3. If requires direct intubation of stoma:
 Trach tube: # _____
 ETT: # _____

Special Instructions:
 (stay sutures, Bjork flap, notable anatomical features)

First tracheostomy change completed Date: ____ / ____ / ____

Surgery Service: _____ Pager / Phone #: _____

Form completed by:
 Name: _____ Date: ____ / ____ / ____