SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
San Francisco Health Network
ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

NAME

DOB

MRN

PCP

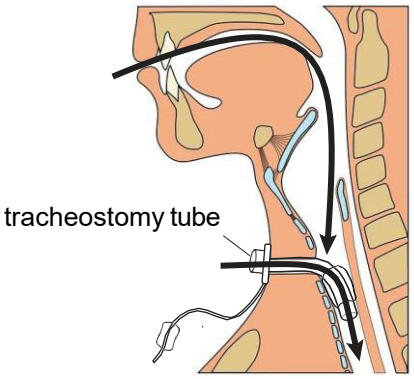
Patient ID / Addressograph

Emergency Airway Access Form

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

☐ check √ Upper airway connection to trachea IS patent

Ventilate through nose/mouth OR tracheostomy.

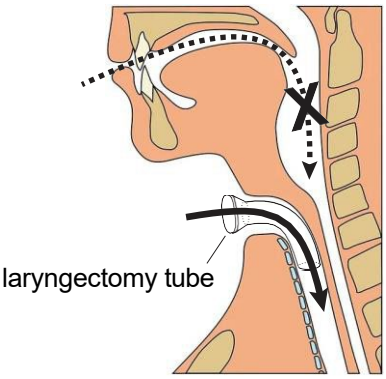


Tracheostomy

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

☐ check √ Upper airway connection to trachea IS NOT patent

Ventilate ONLY through tracheal stoma
CANNOT INTUBATE from above



Tracheal stoma with laryngectomy

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: ___/____/_____