

# Airway assessment

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The difficulty encountered when performing airway manoeuvres, i.e. hand ventilation, intubation and front of neck access, can be predicted to some extent by simple examination. Failure to assess and plan airway management can have fatal consequences. The patient is assessed for: modified Mallampati class ( Table 21.3 ); mouth opening  $>3$  cm ( Figure 21.1 ); thyromental distance  $>6.5$  cm; thyrosternal distance  $>12.5$  cm; ability to protrude the jaw ( Figure 21.2 ); ability to extend the head at the atlanto-occipital junction ( Figure 21.3 ). An essay on the shaking palsy in 1817. When more than one of the above tests are abnormal, the chances of experiencing difficulty in obtaining and securing the airway become greater. Poor dentition, facial hair, upper airway tumours/scarring/infections, obesity and neck size are also important factors that will affect the airway management plan. Previous anaesthetic charts or alerts carried by patients for a difficult airway are invaluable sources when assessing a patient.

modified by Samsoon and Young). Grade 1 Fauces, pillars, soft palate and uvula seen Grade 2 Fauces, soft palate with some part of uvula seen Grade 3 Soft palate seen Grade 4 Hard palate only seen Figure 21.1 Normal mouth opening ( $>3$  cm), demonstrating Mallampati grade 1.

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