Notes

Airway Assessment Resources

Assess Patient for Airway Intervention

Assess the patient for likelihood of endotracheal intubation success prior to administering any medications; a helpful mnemonic is LEMON:

L . Look at the patient
- Tall, thin patients are generally easier to intubate than those with short, muscular necks or obese patients
- Evaluate the mobility of the mandible and head if not contraindicated by neck / spinal trauma
- Look for dental or mandibular trauma, missing teeth, and orthodontic work

E. Evaluate the 3-3-2 rule
- The average adult patient should be able to open their mouth to a width of 3 fingers between the upper and lower teeth
- The length of the mandible from the tip of the chin to the hyoid bone of the neck should be greater than 3 finger widths
- The distance from the hyoid bone to the thyroid notch should be at least 2 finger widths

M. Mallampati classification
- A system designed by an anaesthesiologist to rapidly determine potentially difficult intubations
- Correlates the amount of the glottic opening that is visible during laryngoscopy with the amount of the posterior pharynx visible with the patient in an upright position:

  i. Class I – entire tonsil is clearly visible
  ii. Class II – upper half of tonsil fossa is visible
  iii. Class III – soft and hard palate are clearly visible
  iv. Class IV – only the hard palate is visible

O. Obstructions
- Can be caused by tumors, foreign bodies in the airway, or liquids such as blood, emesis, or hemoptysis

N. Neck mobility
- Intubation is easiest when the planes of the oropharynx are aligned; anatomic abnormalities or spinal immobilization precautions will result in an inability to physically align the axes for the best possible view