Airway alerts: how UK anaesthetists organise, document and communicate difficult airway management

F. A. Barron,[1] D. R. Ball,[2] P. Jefferson[2] and J. Norrie[3]
1 Senior House Officer and 2 Consultant, Department of Anaesthetics and Intensive Care, Dumfries and Galloway Royal Infirmary, Bankend Road, Dumfries, DG1 4AP, UK; 3 Assistant Director, Robertson Centre for Biostatistics, Boyd Orr Building, Glasgow University, University Avenue, Glasgow, G12 8QQ

Methods A questionnaire on documentation and communication of airway problems during anaesthesia was sent to 271 anaesthetic department College Tutors in the UK. Their responses were compared with three published recommendations.

Results There was a 71.9% response rate. 70.8% of respondents met the recommendations of the American Society of Anesthesiologists (ASA) Task Force on the management of the difficult airway [1]. The recommendations of the Canadian Airway Focus Group [2] and those in the textbook 'Difficulties in Tracheal Intubation' [3] are more stringent than the ASA guidelines and were met by only 2.1% and 1.5% of respondents, respectively. Only 21% of departments have guidelines for communication and dissemination of information regarding a difficult airway.

Discussion There is universal acceptance that documentation on the anaesthetic chart is essential. However, further communication of this information is less widely practiced. Worryingly, only 40% of respondents would give written information to the patient and only 26% write to the patient's general practitioner.

Benumof [4] suggested that 'the patient's responsible doctor must guarantee communication of this difficult airway experience to future care takers so that the near death experience does not become a future death.' The majority of departments in the UK are failing to communicate this important information.

We have produced an 'Airway Alert' scheme. It is a paper document printed in quadruplicate. Copies are intended for the patient, their general practitioner, the case record and Anaesthetic Department. Use of this scheme will allow concise and quick documentation and communication of an episode of difficult airway management.

References

1 Caplan RA, Benumof JL, Berry FA, *et al.* Practice guidelines for management of the difficult airway. *Anesthesiology* 1993; **78**: 597–602.
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3 Latto P. Management of difficult intubation. In: Latto IP, Vaughan RS eds. *Difficulties in tracheal intubation*. London: WB Saunders 1997: 107–60.
4 Benumof JL. The ASA difficult airway algorithm: New thoughts and considerations. http://www.sambahq.org/

Assessment of training and experience in fibreoptic intubation

S. K. Ghatge[1] and V. Williams[2]
1 Specialist Registrar and 2 Consultant, Directorate of Anaesthesia and Intensive Care Medicine, North Staffordshire Hospital, Stoke on Trent, ST4 6QG, UK

Fibreoptic intubation, though not delineated as a core skill, is listed in the draft of generic knowledge and skills for competence-based SpR training and the knowledge is also tested in the Fellowship examinations. In our department, fibreoptic intubation is taught on several lists by different consultants. We set out to determine the level of training received by trainees, their ideas on the subject and the pool of expertise available, with a view to introducing formal training plans within the department.

Methods A questionnaire was sent to all consultants and trainees in the department, asking them about their experience with fibreoptic intubation and their confidence in performing it for elective and non-elective cases.

Results Data were collected from 25 consultants, 16 SpRs and four SHOs. Ten consultants (40%), eight out of 11 year-3/4 SpRs (72%), all five year-1/2 SpRs (100%) and all four SHOs (100%) were not confident in performing fibreoptic intubation independently or to teach. Of these, eight consultants, three year-3/4 SpRs, two year-1/2 SpRs and two SHOs had not performed fibreoptic intubation in the last two years and none in North Staffordshire Hospital. Nine consultants (36%) were confident in performing fibreoptic intubation in elective or non-elective situations and to teach, and six were actively involved in teaching the skill. Three year-3/4 SpRs (27%) were confident in performing fibreoptic intubation in elective but not in non-elective situations, but none had performed fibreoptic intubation in this hospital. Only one of these three SpRs felt confident in teaching the technique. Only four trainees (20% of all trainees) had attended any formal training in fibreoptic intubation. None of the trainees was confident in performing fibreoptic intubation in a non-elective situation.

Discussion While there is an increasing feeling that it is an essential skill for an anaesthetist, our survey has demonstrated a significant deficiency in expertise amongst

