

Preoperative airway assessment

Departments randomized to airway assessment by a "clinical assessment" - The CA Group -

A: The anaesthetist's assessment

Is intubation by direct laryngoscopy anticipated to be difficult? Categorized as: Yes or No
Is mask ventilation anticipated to be difficult? Categorized as: Yes or No

Departments randomized to airway assessment by Simplified Airway Risk Index - The SARI Group -

A: Predictors in the SARI

1. Mouth opening: In patients with incisors the distance between the teeth is measured at maximum mouth opening. In edentulous patients the intergingivale distance is measured at maximum mouth opening. The distance is measured and recorded in centimetres.
2. Thyromental distance: Measured along a straight line from the "Prominentia Laryngea of cartilago Thyroidea" to the notch of "Mentum Mandibulae" with maximum head extension. The distance is measured and recorded in centimetres.
3. Modified Mallampati class: The visibility of the oropharyngeal structures are assessed on the patient sitting in neutral position with maximum mouth opening and tongue protrusion without phonation.

Class I: Soft palate, fauces, uvula and faucial pillars visible
Class II: Soft palate, fauces and uvula visible
Class III: Soft palate and base of uvula visible
Class IV: Soft palate not visible
4. Neck movement: The range of motion from full extension through full flexion is categorized as $< 80^\circ$, 80° - 90° or $> 90^\circ$. The range is assessed by asking the patient to do a full extension of the neck. Then, the anaesthetist places, and fixates, a specially designed card in the patient's temporal region in a way that the long side of the card aligns a vertical line e.g. in a window frame. The position of the card in relation to the head is held fixed while the patient does a maximum neck flexion. Subsequently, the position of the card is compared with a horizontal line in the room, for example the window frame.
5. Ability to prognath: The capacity to bring the lower incisors in front of the upper incisors.
Categorized as: Yes or No. Edentulous patients is categorized as Yes.
6. Body weight: Based on medical records or the patient's own information the weight in kg is recorded.
7. History of difficult intubation: Categorized as: Definite, Questionable or None

B: The Score

1. The SARI score

C: Predictors of difficult mask ventilation

1. Presence of beard: Categorized as: Yes or No. Moustache, goatee or beard stubbles is categorized as No.
2. Snoring: History of snoring. Categorized as: Yes or No
3. Sleep apnoea: History of obstructive sleep apnoea that require continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP) or surgery. Categorized as: Yes or No
4. Neck radiation changes: Categorized as: Yes or No

D: The anaesthetist's assessment

Is intubation by direct laryngoscopy anticipated to be difficult? Yes / No
Is mask ventilation anticipated to be difficult? Yes / No