Anesthesiology
1996; 85:220

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Difficult Airway Warning with Automated Anesthesia Recording

To the Editor:—It was most interesting and encouraging to read the letter to the editor by Atkins regarding a method of tracking patients with difficult or failed tracheal intubation.[1] With the cooperation of our private practice group, we also initiated a local registry for patients in whom difficult or failed tracheal intubation has occurred. Our staff anesthesiologists address the issue with the patient by verbal and/or written explanation postoperatively, and the patient is enrolled in our local database, where demographics, problems encountered, surgery, and outcome are listed.

Both a letter and wallet card are extremely important, but, in addition, a bracelet or necklace are recommended in the event of unanticipated surgery or trauma, when the patient may be unconscious or incoherent. We initiate the enrollment process into the Medic Alert Foundation and find the necessary funding to cover the costs of the bracelet for those patients who require financial assistance.

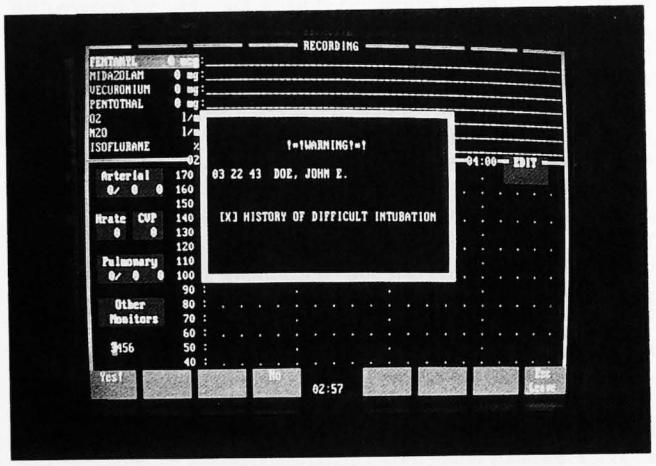

Fig. 1. Warning message on the screen of an automated anesthesia information system, indicating history of difficult intubation.

We integrated our automated anesthesia information system, CompuRecord® Anesthesia Information System (Anesthesia Recording, Pittsburgh, PA), into all aspects of our perioperative care during the past 6 yr. Currently, the system prompts the anesthesiologist to indicate whether tracheal intubation was easy or difficult. We are in the process of using this information to provide a warning message that will appear on the screen once the patient's medical record number has been entered, informing the anesthesia team of this potentially lethal condition (fig. 1). In the future, this system will provide warnings of other critical conditions, including histories of malignant hyperthermia, pseudocholinesterase deficiency, and drug allergies. It is our hope that the automated anesthesia information system, combined with the patient letter, local registry, and Medic Alert bracelet, will reduce the incidence of adverse sequelae for this challenging situation.

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Reference

1. Atkins RF: Simple method of tracking patients with difficult or failed intubation (letter). ANESTHESIOLOGY 1995; 83:1373–5

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A Simple Suction Device to Aid in Transportation of the Critically Ill Pediatric Patient

To the Editor:—We report a case of respiratory distress during patient transport that was treated by a simple, easily assembled suction device for endotracheal tubes. The patient was a 2-yr-old girl with a history of respiratory failure secondary to interstitial pulmonary infiltrates. The patient required tracheal intubation and mechanical ventilatory support in the intensive care unit. The patient was being transported to the operating room for open lung biopsy. In the elevator, the lungs became difficult to ventilate by self-inflating resus-

citator, breath sounds were distant, a
itored by pulse oximetry, began to c
was removed with the aid of a porta
at our institution (fig. 1). The devic

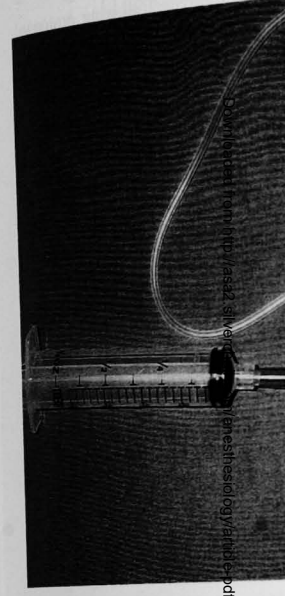

Fig. 1. Assembled portable sucti

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New Endo

To the Editor:—A recent article
the development of a new, thin-v
reminiscent of earlier ETT designs.
to place and did not perform well
shows promise because of its use
highly flexible ETT molded to re
veloped an "anatomic" ETT in
being highly dependent on corre
functional improvement,[3] and, ac
individual patients could create
threaten worse laryngo-tracheal i

Of particular interest, Reali-Fo
their "cuff" in the larynx. Laryng
cord paralysis because of recurr
both a laryngeal cuff and a soft E
dislocation.[4,5] Laryngeal positionin