



# CRITICAL AIRWAY

## *Patient with Mucohydrosis*

Name: \_\_\_\_\_

Hospital/MRN: \_\_\_\_\_

Mask ventilation: \_\_\_\_\_

Intubation: \_\_\_\_\_

ET tube size: \_\_\_\_\_

Emergency contact: \_\_\_\_\_



Anesthesiologist:

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Comments:

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