



Attach patient identification label

URN:

Episode:

Patient Name:

Date of Birth: Sex:

Patient Details

DOCUMENTATION QUERY

Clinician: Speciality: Ward:

Admission date: ____ / ____ / ____ to ____ / ____ / ____

*Your clinical judgement is required to clarify the following to support accurate and complete documentation,
clinical classification, and reporting requirements.*

Dear

This patient underwent a on ____ / ____ / ____

Upon intubation, a grade was identified and a

If possible, can you please clarify if the airway management for this patient is consistent with
treatment of: (confirmed or suspected)

- a. Difficult airway/intubation
- b. No indication of difficult airway/intubation
- c. Other (please specify)
- d. Unable to clinically determine

Details / further comments:

Print Name:

Clinician Signature: Designation: Date: ____ / ____ / ____

HIM / CDS / Clinical Coder: Signature: Date: ____ / ____ / ____

Method of Contact: E-mail ☐ Phone ☐ Fax ☐ Meeting ☐

BINDING MARGIN – DO NOT WRITE IN THIS AREA

DOCUMENTATION QUERY