Background
Unanticipated difficult airway management (DAM), including difficult intubation (DI) and difficult mask ventilation (DMV) is associated with increased risks for the patient[1]. Many studies have sought to identify predictors of DAM. But still no uniformly accepted Danish or international guideline for preoperative airway assessments (AA) exists. We therefore hypothesised, that the Danish AA were of a non-uniform character. Our aim was to identify potential discrepancies in guidelines used for AA in Danish anaesthesia departments.

Methods
All heads of anaesthesia departments, which at start-2012 recorded data to the Danish Anaesthesia Database, received a six questions questionnaire. The questions regarded mandatory predictors for DI and DMV used for preoperative AA and whether these predictors were preprinted fields on the anaesthesia record. Further, we asked if a multivariable risk score for prediction of DI was implemented and in particular if the Simplified Airway Risk Index (SARI)[2] was a standard for AA. Data were calculated as fractions and percentages.

Results
29 of 31(94%) departments responded. The number of predictors of DI pre-printed on anaesthesia records (weight not included) ranged from one to six with a median of 4 (Figure 1). Besides BMI, no other predictors than the ones included in the SARI score were used anywhere (Figure 2). SARI was implemented in two of Denmark’s five regions. In the remaining regions, 2 hospitals used the SARI score, corresponding to a total of 9 of 29 (31%)(Figure 3). No other multivariable risk scores were implemented. Mallampati classification (MP)(95%), previous difficult airway (85%), ability to prognath (80%) and neck mobility (80%) were the main predictors used in departments not using SARI. Thyromental distance and mouth opening were standard for AA in 5 and 10% of these departments, respectively. All departments recorded weight, but not necessarily as a predictor for difficult airway. Study of edentulism (55%) and MP (66%) were the most frequently studied risk factors for DMV.

Discussion
We demonstrated large inter-hospital and regional differences in standards of airway assessment. SARI was the only implemented multivariable risk score. There was no uniform pattern in the registration of risk factors for DI or DMV. However, all but one department use the MP. We speculate that this lack of consensus is not an isolated Danish issue and that uniform evidence-based guidelines may be of value.

Conclusion
We demonstrated large differences in standards for preoperative airway assessment in Denmark, although all departments had implemented some kind of strategy for airway assessment.