IN REPLY

In reply: Difficultintubationapp.com version 2.0: difficultairwayapp?

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To the Editor,

We thank Drs Nielsen and Lim for their interest in our smartphone app, difficultintubationapp.com, which allows for the communication of details of previous difficulties encountered with intubation to subsequent care providers.¹ Since its inception, the website has been accessed about 700 times internationally, and we have received much feedback through email and TwitterTM.

Some of the feedback, including that of Drs Nielsen and Lim,² include suggestions on how to increase and improve the information transmitted, which we gratefully welcome. However, the amount of data that can be transferred is limited by the QR code. A standard QR code can store up to 3 Kb of data, which translates to slightly less than 4,300 alphanumeric characters. Therefore, we had to be selective in what information we could include in the QR code. We tried to incorporate important and common elements that would be applicable and meaningful not only to anesthesiologists but to other medical specialists who manage airways.

Drs Nielsen and Lim's novel nomenclature for the gradation of the quality of ventilation with bag mask and laryngeal mask airways would certainly increase the information provided to subsequent providers. However, although capnography is standard in our specialty, it may not be immediately available in other areas where a difficult airway is encountered. In addition, the inclusion of classification systems that are not commonly used may

cause confusion without a legend. Currently, the authors suggest that additional information thought to be useful could be included in the comments about attempts or in the free text at the end.

We are currently looking at other methods that would allow more information to be easily transferred to a smartphone and ways to improve patient retrieval of airway information from the app. It would allow us to include more details about the difficult intubation encounter and make subsequent airway management safer for these patients. In the meantime, we will assign "bag mask ventilation" its own heading or place it under the "Sequence of events" for the sake of clarity.

Conflicts of interest None declared.

Editorial responsibility This submission was handled by Dr. Gregory L. Bryson, Deputy Editor-in-Chief, *Canadian Journal of Anesthesia*.

References

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