L Look externally

Look at the patient externally for characteristics that are known to cause difficult laryngoscopy, intubation or ventilation.

E Evaluate the 3-3-2 rule

In order to allow alignment of the pharyngeal, laryngeal and oral axes and therefore simple intubation, the following relationships should be observed. The distance between the patient's incisor teeth should be at least 3 finger breadths (3), the distance between the hyoid bone and the chin should be at least 3 finger breadths (3), and the distance between the thyroid notch and the floor of the mouth should be at least 2 finger breadths (2).

1 = Inter-incisor distance in fingers.
2 = Hyoid mental distance in fingers.
3 = Thyroid to floor of mouth in fingers.


M Mallampati

The hypopharynx should be visualized adequately. This has been done traditionally by assessing the Mallampati classification. The patient is sat upright, told to open the mouth fully and protrude the tongue as far as possible. The examiner then looks into the mouth with a light torch to assess the degree of hypopharynx visible. In the case of a supine patient, Mallampati score can be estimated by getting the patient to open the mouth fully and protrude the tongue and a laryngoscopy light can be shone into the hypopharynx from above.

Class I: soft palate, uvula, fauces, pillars visible

Class II: soft palate, uvula, fauces visible

Class III: soft palate, base of uvula visible

Class IV: hard palate only visible

O Obstruction?

Any condition that can cause obstruction of the airway will make laryngoscopy and ventilation difficult. Such conditions are epiglottis, peritonsillar abscesses and trauma.

N Neck mobility

This is a vital requirement for successful intubation. It can be assessed easily by getting the patient to place their chin down onto their chest and then to extend their neck so they are looking towards the ceiling. Patients in hard collar neck immobilization obviously have no neck movement are therefore harder to intubate.