

# A New Scale for Intubation Difficulty

Numerous scoring systems and subjective assessments have been proposed to quantify the difficulty of tracheal intubation. Lack of standardization makes comparisons among studies invalid and confounds attempts to measure quality. These authors, from the University of Paris, propose and test a new Intubation Difficulty Scale (IDS).

The IDS involves seven parameters scored after intubation: the number of supplementary attempts at intubation; the number of supplementary intubators; the number of alternative techniques used; a modified Cormack grade for glottic visualization (0 = complete visualization; 3 = nonvisualization); subjective impression of the lifting force needed during laryngoscopy (normal or increased); the need for external laryngeal pressure to optimize glottic exposure (applied or not applied, and not counting Sellick's maneuver, which is done to prevent aspiration); and the position of the vocal cords (abduction or adduction). When tested prospectively during intubations of 289 operating-room and 311 pre-hospital patients, the IDS correlated highly with both the time to achieve intubation and the subjective difficulty of intubation as rated by the intubator on a visual analog scale.

**Comment:** Although the IDS requires further validation, it appears to be a promising tool for those researching intubation and for hospital and pre-hospital quality managers.

— *RM Walls*

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