

# A Year of Intubations: One ED's Experience

This descriptive, partially retrospective study of all ED endotracheal intubations at UC-Davis Medical Center from July 1995 through June 1996 shows how far ED airway management has come since a 1979 study reported a high complication rate.

Of 610 intubation attempts, 569 (93%) were performed by emergency medicine residents or attending physicians. Airway loss or respiratory failure had a predictably broad range of etiologies. Rapid-sequence intubation (RSI) was used in 84% of cases. Intubation was successful in 98.9% of patients; the other 7 underwent successful cricothyrotomy. The overall rate of immediate complications was 9.3%. There were 33 inadvertent esophageal intubations (5.4%), all immediately recognized and corrected, but 8 patients had complications such as desaturation and vomiting, and 1 had cardiac arrest. Aside from 1 cardiac arrest temporally related to succinylcholine administration, no complications were associated with RSI techniques. Only 8 nasotracheal intubations (1.3%) were attempted; 75% were successful.

**Comment:** In this academic setting, emergency physicians managed a variety of airway disasters very well. EPs today are comfortable and facile with the RSI approach and the attendant use of potent sedatives and paralytic agents. The fact that as many patients required a surgical airway as underwent attempted nasotracheal intubation is intriguing and has implications for teaching airway management techniques to EPs.

— *CV Pollack*

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Sakles JC et al. Airway management in the emergency department: A one-year study of 610 tracheal intubations. *Ann Emerg Med* 1998 Mar 31 325-332.