

Airway Management: Whose Job?

Controversy continues over who in the ED is responsible for airway management: both anesthesiologists and emergency physicians claim this domain as their own.

Harvard investigators surveyed all 153 directors of U.S. anesthesiology training programs; 134 responded. Of these, 55% reported an EM training program at their institution, and 92% had 24-hour attending EM coverage in the ED. On average, two to five emergency intubations were done daily outside the operating room.

According to the survey, responsibility for ED intubations lies with EM physicians in 45% of hospitals, with anesthesiologists in 32%, is shared in 19%, and lies with anesthesiology residents with no attending supervision in 3% to 5%. EM physicians intubate in 62% of hospitals with EM residencies and only 35% of those without. Pediatric airways are handled by anesthesiologists (39%), pediatricians (22%), or both (39%). Three quarters of anesthesiology departments report actively training non-anesthesiologists in airway management. In hospitals where EM physicians manage the airways, 90% use neuromuscular blockade.

Comment: This study relied solely on anesthesiology program directors or their designees. The pediatric data are particularly perplexing. The abstract states that "airway management in trauma remains the domain of anesthesiologists," but no data are presented to support this questionable claim. Despite its limited, potentially biased perspective, the study reinforces that airway management in the ED is predominately the domain of EM physicians, and that neuromuscular blockade is frequently employed.

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Nayyar P and Lisbon A. Non-operating room emergency airway management and endotracheal intubation practices: A survey of anesthesiology program directors. *Anesth Analg* 1997 Jul 85 62-68.