

Can EPs Safely Perform Rapid Sequence Intubation?

Use of induction agents and neuromuscular blockers has improved patient care in the emergency department. This study from Carolinas Medical Center reviewed experience with rapid sequence intubation (RSI) in a training program.

Over two years, 417 patients were intubated with RSI. Intubation was successful within two attempts in 96.5% of patients. Second- or third-year residents performed 92% of the intubations, interns 5%, and attendings 3%. Three patients required cricothyrotomy due to failed intubation attempts. Six patients had transient complications of dysrhythmia, hypoxemia, or hypotension; all complications were remedied by supportive interventions.

Comment: Physicians having difficulty getting approval for RSI in their institutions should take note of this study. Like several others, it shows that emergency physicians, even those in training, can safely and effectively use RSI to intubate patients in the emergency department. An accompanying editorial calls for standardization in terminology and more prospective research but supports the safety and wide use of RSI in the ED.

— *DM Birnbaumer*

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Tayal VS et al. Rapid-sequence intubation at an emergency medicine residency: Success rate and adverse events during a two-year period. *Acad Emerg Med* 1999 Jan 6 31-37.

Dronen S. Rapid-sequence intubation: A safe but ill-defined procedure. *Acad Emerg Med* 1999 Jan 6 1-2.