Emergency Airway Management: Who Owns the Airway?

Many critical procedures performed by emergency physicians also fall into the domain of other specialties, which often leads to stimulating discussions about who is responsible for a particular procedure and under what circumstances. No procedure better exemplifies this situation than emergency airway management. These authors reviewed the emergency medicine literature, and they report on the history, current practice, and supporting evidence for acute airway management in the emergency department by non-anesthesiologists.

Emergency airway management has evolved. Formerly, EPs primarily performed bag-valve-mask ventilation and called in anesthesiologists for all intubations; today, the practice of rapid sequence intubation (RSI) is nearly ubiquitous. The authors note that class I evidence in support of ED RSI "is not forthcoming" given the obstacles to performing randomized controlled trials. Overall, studies of EP-performed RSI have reported high and similar success rates, but have varied in design and the reporting of complications. The authors conclude that there is sufficient evidence to support the use of RSI by EPs. They note the importance of training courses like the Airway Course and the Airway Interventions and Management Education Program that teach not only the technique of RSI but also the contraindications to neuromuscular blockade, the use of airway adjuncts, and the approach to the difficult airway. In addition, the authors encourage anesthesiologists to participate in EM airway management education.

Comment: Emergency airway management and RSI are now firmly entrenched in the domain of emergency medicine. Continued success requires setting educational standards and conducting further, prospective research into the best methods of airway management in the ED.

— Richard D. Zane, MD

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