

Etomidate Induction Does Not Increase Mortality in Septic Patients

Neither mortality nor hospital length of stay differed between septic patients who received etomidate and those who received other agents for rapid sequence intubation.

Controversy has developed regarding whether a single dose of etomidate used during rapid sequence intubation in septic patients increases the risk for mortality, possibly related to adrenal suppression caused by the drug ([JW Emerg Med Sep 21 2007](#)). In a prospective observational study, researchers compared mortality rates and hospital length of stays between 74 adult patients with sepsis who received etomidate and 32 adult sepsis patients who received other or no induction agents for rapid sequence intubation at a single emergency department during a 9-month period.

Demographics, illness severity, and sepsis treatments were similar between patients who received etomidate and those who received other or no induction agents. No statistically significant differences were noted between the two groups for in-hospital mortality (38% and 44%, respectively) or hospital length of stay among survivors (10.0 days and 7.5 days, respectively). In multivariate logistic regression analysis, only mean arterial blood pressure was a significant (although weak) predictor of mortality.

Comment: No properly designed study has shown harm from a single use of etomidate for intubation of septic patients, yet the debate rages on. Previous studies, almost all retrospective, have shown conflicting results. Pending results of a randomized, prospective trial designed to resolve the issue, no compelling evidence exists to abandon use of etomidate in patients with sepsis. For more on this debate, see [JW Emerg Med Feb 1 2008](#).

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