Prehospital Paralysis for Airway Management Is on the Rise

Although rapid sequence intubation (RSI) is a standard of care in the ED, its use in the prehospital setting is still hotly debated. Investigators from the North Carolina Office of Emergency Medical Services mailed a survey to all state EMS directors in 1996 and 1997 to determine prehospital use of neuromuscular blocking agents (NMBAs) in the U.S.

Responses came from all 50 states, 29 of which reported using NMBAs in the field (11 in aeromedical programs only, and 18 in both ground-based and aeromedical systems). The earliest date of implementation was 1985; 10 states began use in the late 1980s, and the remainder started after 1991. Five states were in the process of NMBA implementation. Of the 18 states that used NMBAs in ground and aeromedical programs, 11 reported ambulance staffing exclusively by paramedics, 5 by a nurse-paramedic team, and 1 by a physician-nurse-paramedic team (1 state did not specify).

Comment: The authors appropriately emphasize the need for strict medical oversight when adding to paramedics' scope of practice. Medical directors must carefully weigh the potential benefit of prehospital paralytics for a small subgroup of patients against the costs and potential for adverse events. Benefit may be particularly difficult to demonstrate in urban systems with short transport times.

— KL Koenig

Published in Journal Watch Emergency Medicine May 1, 1998

CITATION(S):