




**AIRWAY OF CHOICE**  
TO ET OR NOT ET

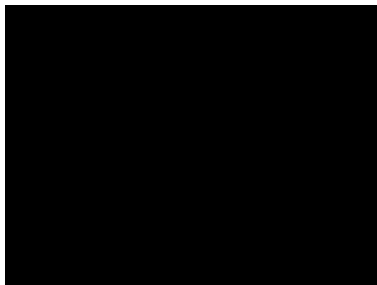
Rommie L. Duckworth, LP

**DISCLAIMER**

Follow your protocols, policies, procedures & predilections.



**CONTRAVERSIAL SUBJECT MATTER**


Paramedics can't or shouldn't intubate.

Paramedics can and should intubate.

Other airways are just as good as ETI.

Other airways aren't as good as ETI.

ETI Doesn't make a difference.

ETI Improves patient outcomes.




**FACT** **OPINION**

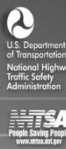
**"THE FUNDAMENTAL TEST OF A MEDICAL INTERVENTION IS WHETHER IT IMPROVES THE OUTCOME OF THE TARGETED PATIENTS."**

OUT-OF-HOSPITAL ENDOTRACHEAL INTUBATION: WHERE ARE WE?  
WANG AND YEARLY, ANN EMERG. MED., 2006

**Emergency Medical Services Outcomes Evaluation**



U.S. Department of Transportation  
National Highway Traffic Safety Administration

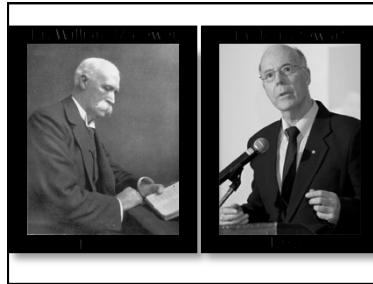


SA  
People Saving People  
www.nhtsa.gov

Best Choices On a Call



Best Choices Overall



**ETI IS THE GOLD STANDARD**

**SAFE**

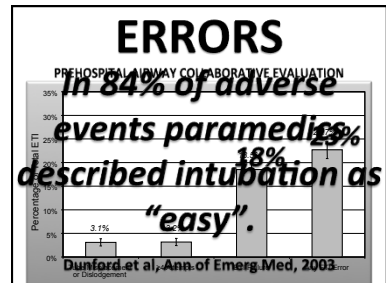
Successful Intubation

Desaturation (hypoxic damage).	Overstimulation of the vagus (bradycardia).	Delay of CPR	Delay of Bleeding control
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**SAFE**

Errors

Orotracheal trauma by improper use.	Hypoxia caused by incorrect placement.	Hypoxia caused by dislodged tube.
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**EFFECTIVE**

*Little improvement in morbidity / mortality.*

*No improvement in neurological outcome.*

**Out-of-Hospital Endotracheal Intubation: Where Are We?**  
 Wang and Yearis, Ann Emerg Med, 2006

**RISK VS BENEFIT**

<ul style="list-style-type: none"> <li>• EMS Pediatric Care</li> <li>• RCT of ETI vs. BVM</li> <li>• n=80</li> <li>• "No difference in survival"</li> <li>• "No difference in neurological outcome."</li> </ul> <p>Sausche, et al, JAMA 1999</p>	<ul style="list-style-type: none"> <li>• San Diego RSI Trial</li> <li>• Prehospital RSI for TBI</li> <li>• 200 pts vs 827 matched controls</li> <li>• "Prehospital RSI → increased odds of death"</li> <li>• "Prehospital RSI → no effect on neuro outcome."</li> </ul> <p>Davis, et al, J of Trauma 2003</p>	<ul style="list-style-type: none"> <li>• Pennsylvania trauma registry</li> <li>• QOR-ETI vs. ED-ETI</li> <li>• 4,008 TBI patients</li> <li>• "Paramedic ETI → 2x greater odds of death"</li> <li>• "Paramedic ETI → 1.6x greater odds of poor neuro outcome"</li> </ul> <p>Wang, et al, Ann Emerg Med 2004</p>
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**DON'T INTUBATE**

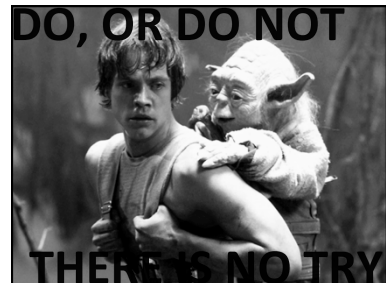


### GOALS

	Ventilation
	Oxygenation
	Prevention of aspiration
	Deep suction
	Secure the upper airway
	Secure the lower airway
	High ventilation pressures

### TOOLS

	Bag/OPA/Suction/NC
	SGA (King, LMA, etc.)
	Endotracheal Tube
	Cricothyrotomy



### MASK

	Ventilation	✓
	Oxygenation	✓
	Prevention of aspiration	✗
	Deep suction	✗
	Secure the upper airway	✗
	Secure the lower airway	✗
	High ventilation pressures	✗

### SGA

	Ventilation	✓
	Oxygenation	✓
	Prevention of aspiration	—
	Deep suction	✗
	Secure the upper airway	—
	Secure the lower airway	✗
	High ventilation pressures	✗

### ETI

	Ventilation	✓
	Oxygenation	✓
	Prevention of aspiration	✓
	Deep suction	✓
	Secure the upper airway	✓
	Secure the lower airway	✓
	High ventilation pressures	✓

### CRIC

	Ventilation	X
	Oxygenation	✓
	Prevention of aspiration	X
	Deep suction	✓
	Secure the upper airway	✓
	Secure the lower airway	X
	High ventilation pressures	X

### BARRIERS

#### CAN'T BAG = HOT<sup>3</sup> VENT

	Hands
	Obstruction
	Thin
	Teeth
	Trauma
	Vent

### BARRIERS

#### CAN'T GLOT = POGO VENT

	Placement
	Opening
	Glottis
	Obstruction
	Vent

### BARRIERS

#### CAN'T ETI = MOUTH

	Mouth
	Obstruction
	Uvula
	Teeth
	Head
	Immobile

### ALGORITHM

Pt. Require Vent?  RE-EVALUATE  Continue Asses/Tx.

### ET? BE MAGIC!

**B** BLS: PRE-SATURATE  
**E** EVALUATE: LOOK BEFORE YOU LEAP  
**M** MAKE IT EASY: TOOLS AND TECHNIQUES  
**A** ATTEMPT: FIRST PASS INTUBATION  
**G** GLOTTIC INTERMEDIATE: (READY-ALREADY)  
**C** CRIC / CO<sub>2</sub>: (FAILURE / SUCCESS)





