

In-Hospital Airway Management of Trauma Patients before Transfer to Reference Trauma Center

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Abstract

Introduction: Definitive airway control by endotracheal intubation (ETI) is standard of care in pre-hospital airway management and inadequate airway management is a major contributor to pre-hospital and in-hospital morbidity and mortality.

Objective: The purpose of this study was to evaluate the success rate of airway management interventions in the multiple trauma patients, before inter hospital transfer.

Materials and Methods: In a descriptive, cross sectional study, conducted over six months, we evaluated airway interventions (Endotracheal Intubation) and cervical spine immobilization performed by emergency physician providers in multiple trauma and isolated severe traumatic brain injury patients who were transferred to Poursina trauma hospital.

Results: we analyzed 163 consecutive trauma patients transferred after early care in level III&IV trauma centers to Poursina trauma hospital. Mean age in years was 37.81. Sex distribution (male to female) was 141:22. The average study GCS score for trauma patients undergoing emergency tracheal intubation was 6/06±2/27; however, the GCS score varied across its spectrum. Airway was not secure in 41/8% of the cases, while more than 42/6% of the patients did not have their cervical spine immobilization.

Conclusions: A.T.L.S(Advanced Trauma Life Support) emphasizes the ABCs mnemonic, early and adequate airway management and ventilation are lifesaving interventions and major contributors to reduce morbidity and mortality in trauma patients. Results of this study suggest that those emergency clinicians whose duties include in-hospital airway management should regularly attend courses on airway management.

Conflict of interest: non declared

Keywords: Airway Management/ Intubation, Intracheal/ Multiple Trauma