

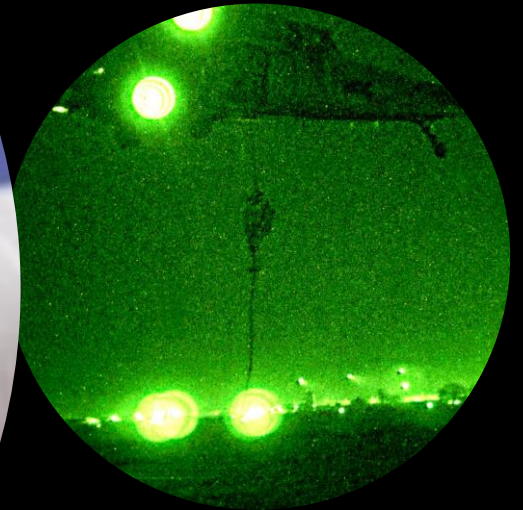
High-Risk Extraction

...An Air Medical Perspective

Brock Jenkins

NRP, FP-C, CCP-C, C-NPT

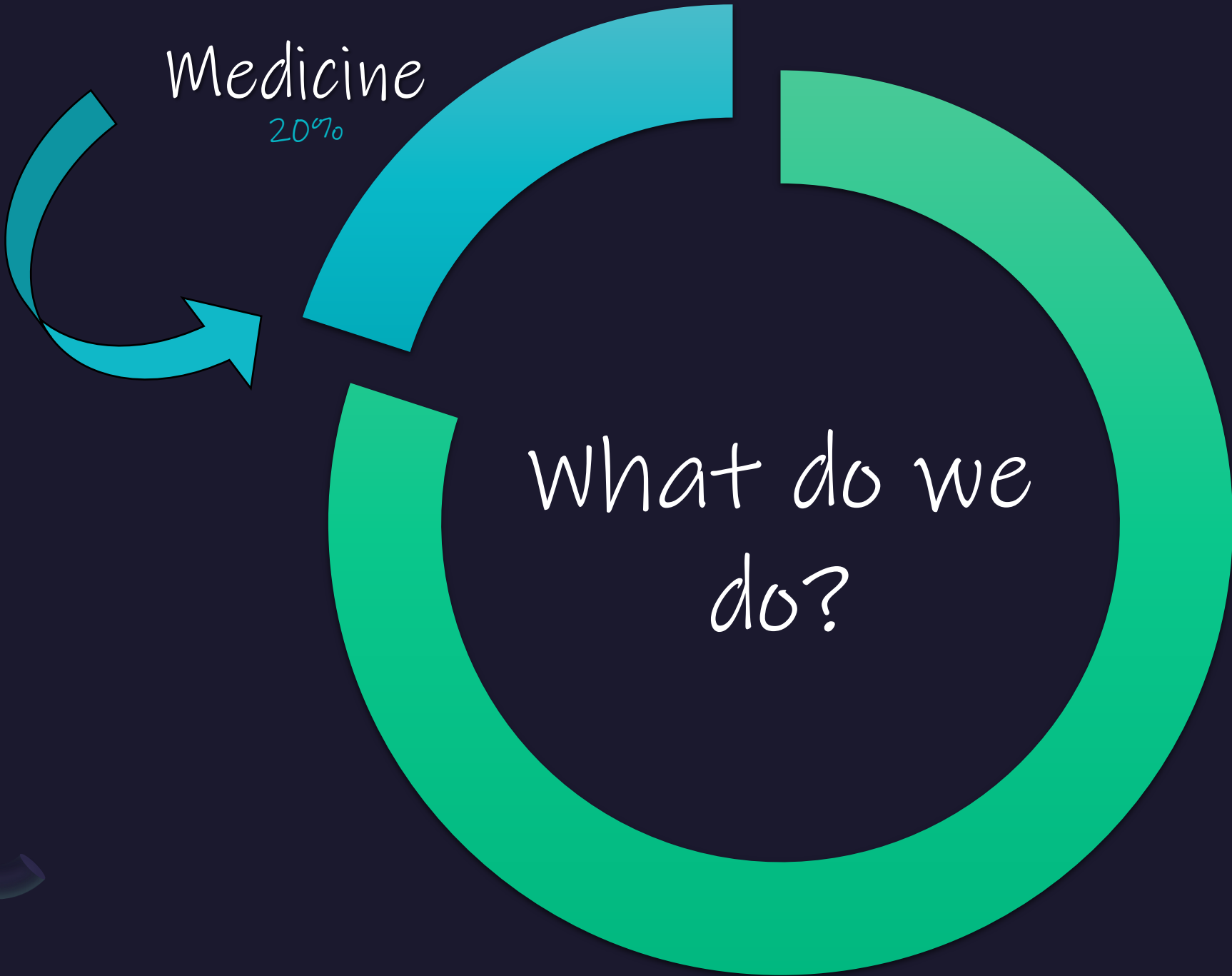




Medicine
20%

What do we
do?

Logistics
80%





Critical
Care
Logistics



The Approach

Primary

Alternate

Contingency

Emergency



Confined-Space Airway Management

- *Is intubation appropriate?*
- *Will it delay care?*
- *Do I have a realistic shot at securing an airway?*



HEAVEN

Hypoxia

Extremes of Size

Anatomic Abnormalities

Vomit/Edema/Fluid

Exsanguination

Neck Mobility

Nausheen et al. 2019



*Is there a
better option?*

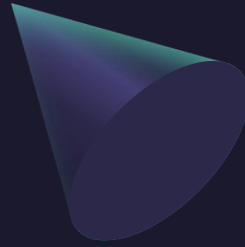


Rapid Sequence Airway

1. Prepare for induction
 - o Utilize a checklist!
2. Preoxygenate
3. Push our sedation
4. Push our paralytic
5. Place an extraglottic device
 - o Utilize ETCO₂ (warm it up!)
 - o Utilize OG (preload it!)
 - o Utilize SALAD



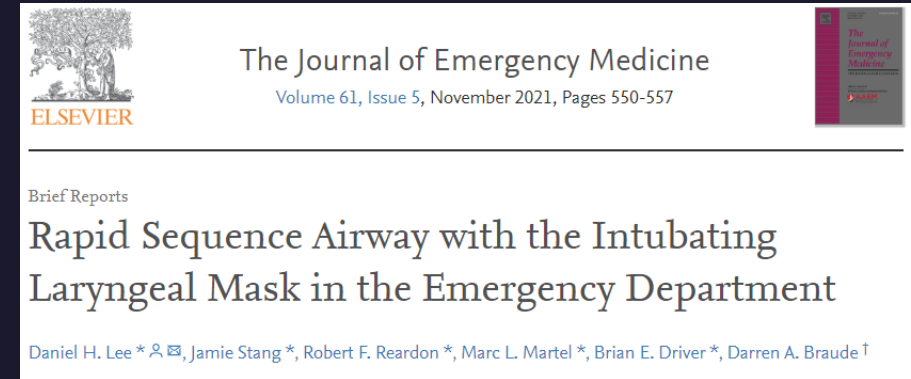
Where is the Evidence?



Highlights

- 93 (99%) were successfully oxygenated and ventilated with RSA (Lee, et al. 2021).
- Average time to secure the airway was 145 seconds shorter in the RSA group (Southard, et al. 2010).
- RSA was successful in 64 (94%) cases. The RSA procedure occurred in an aircraft in 14 (21%) of cases (Braude et al. 2020).

No large clinical trials specific for confined-space airway management.



> Prehosp Emerg Care. 2021 Jul-Aug;25(4):583-587. doi: 10.1080/10903127.2020.1792015.
Epub 2020 Jul 22.

Brief Research Report: Prehospital Rapid Sequence Airway

Darren Braude, Douglas Dixon, Michael Torres, John P Martinez, Sean O'Brien, Timothy Bajema

PMID: 32628568 DOI: 10.1080/10903127.2020.1792015

Is this enough to
change our practice?

Or is this just
good airway
management?



Leave it to the Experts



"We don't rise to our expectations; we fall to our level of training"

-Unk

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*"Follow your local protocols
and guidelines"*

-Rescue Heroes (probably)

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