High-Risk Extraction

...An Air Medical Perspective

Brock Jenkins

NRP, FP-C, CCP-C, C-NPT
What do we do?
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
   - Utilize a checklist!
2. Preoxygenate
3. Push our sedation
4. Push our paralytic
5. Place an extraglottic device
   - Utilize ETCO2 (warm it up!)
   - Utilize OG (preload it!)
   - 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.
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
Clinical References


Photo References


“Follow your local protocols and guidelines”

—Rescue Heroes (probably)