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Optimal practice for emergency ‘front-of-neck’ airway in trauma setting: Words of European Trauma Course Austria instructors

Purpose of the study: The essence of trauma airway management is to establish and/or maintain adequate oxygenation, ventilation, and airway protection. Unanticipated difficult airway (DA), accompanied with cervical immobility, represents a major challenge in trauma emergencies, and may result in significant morbidity and mortality. Therefore, all trauma personnel must be familiar with well-established framework for unanticipated DA management. Emergency ‘front-of-neck’ airway (FONA) represents ‘end-of-algorithm’ following ‘can’t intubate, can’t oxygenate’ (CICO) rescue scenario. For the purposes of these, the 2015 Difficult Airway Society (DAS) guidelines propose ‘scalpel-bougie’ (SB) technique. However, recent scientific evidence, depending on individual experience, training, and comfort of use, advocate other techniques, such as needle cricothyroidotomy (CCT). In our study we aimed to investigate European Trauma Course (ETC) instructors’ optimal practice for emergency FONA.

Materials and methods: A total of 44 (69%) instructors, actively teaching on ETC during 2016, completed an online survey, consisted of demographic data, and 13 open questions regarding their practice for emergency FONA.

Results: There were 29 (66%) male instructors, aged from 30 to 71 years (median 42). The majority of instructors were anesthetists (57%) followed by emergency physicians, trauma surgeons, and nurses. Almost two thirds (73%) of instructors are familiar with emergency FONA algorithms instituted in their trauma rooms. Despite the 2015 DAS guidelines, promoting SB technique, nearly half of instructors are still in favor of CCT technique. They expressed the strongest agreement with the statement that cannula techniques, when compared to surgical ones, potentially offer advantages from a human factors perspective.

Conclusions: Our results suggest ETC instructors have a strategy of utilizing optimal emergency FONA algorithms in CICO scenarios. Directing resources towards demystification of the scalpel techniques, may improve willingness of performing SB interventions. Training in both techniques remains warranted, and the option to use either technique should continue to be advocated.

Biography

Florian Trummer has his expertise in anesthesiology nursing and major trauma management. He has experience in research, evaluation, teaching and administration both in hospital and education institutions. The society of European Trauma Course Austria is based on education for medical personal, who is involved in treatment of major trauma patients.

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