

AB103. 39. Emergency Department Intubations at an Irish Teaching Hospital—a 12-month analysis

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Background: This study took place at St. Vincent's University Hospital. The study dates were from January 1st, 2015 to December 31st, 2015.

Methods: To ensure capture of all relevant patients, the medical records of all patients who died, were admitted to the intensive care unit (ICU), operating theatre, or who were transferred to the regional neurosurgical centre were retrospectively examined.

Results: Total attendances during the study period were approximately 55,000. One hundred and thirty-nine intubations took place during the study period, a rate of 1 intubation every 2.6 days; 89 were drug-assisted intubations. A substantial majority cases [123] were for medical/surgical illness—only 16 cases were of traumatic aetiology. An emergency physician was the primary operator for 101

(73%) intubations in total. Sixty-nine of the drug-assisted intubations (50%) were performed by EPs. Sixteen adverse events were recorded—nine cases of hypotension, which were treated with volume restoration and vasopressors; one oesophageal intubation, which was recognized and corrected; and four cardiac arrests post intubation. There were no failed intubations and no surgical airways were required. The rate of adverse events (11.5%) is similar to that seen in Brown *et al.* (12%).

Conclusions: This study suggests that practice is evolving toward a model commonly seen in US and Australian practice, with EPs taking on significant responsibility for airway management. The authors intend to develop a solely-prospective audit of emergency intubations, and are keen to collaborate with other institutions to develop a better picture of emergency department airway care in Ireland.

Keywords: Endotracheal intubation; accident and emergency

doi: 10.21037/map.2018.AB103

Cite this abstract as: Owens R, Whelan R, Cronin J. Emergency Department Intubations at an Irish Teaching Hospital—a 12-month analysis. *Mesentery Peritoneum* 2018;2:AB103. doi: 10.21037/map.2018.AB103