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A UK approach to urgent endotracheal intubation

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Dear Editor,

We read with interest the study by Dr Koenig and colleagues [1] into the novel use of ultrasonography in assessing gastric fluid volumes prior to urgent endotracheal intubation. They suggest that significant gastric volumes can be identified, prompting drainage of the fluid and hence a reduction in the risk of clinically consequential pulmonary aspiration.

In the United Kingdom the common practice when inducing anaesthesia for UEI is to perform a rapid sequence induction with cricoid pressure, also known as the Sellick Manoeuvre [2]. Practices differ internationally, and there has been debate over the safety and efficacy of the manoeuvre [3]. However in the United Kingdom omitting cricoid pressure in patients at risk of gastric aspiration could be viewed as a failing on the part of the clinician.

Whilst applying cricoid pressure requires a trained assistant, it adds no delay to endotracheal intubation. The study authors highlighted that the delay taken to perform the ultrasound assessment was less than 2 min, but no comment is made on the time taken to insert the gastric tube. Though no adverse incidents were reported in their study of 80 patients, insertion of a gastric tube is not without potential for significant harm principally through stimulation of vomiting in a patient with obtunded airway reflexes or through stimulation of coughing and haemodynamic instability at a time of great physiological stress.

References

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