

This article was downloaded by:[Canyon County Ambulance Dstr]
[Canyon County Ambulance Dstr]

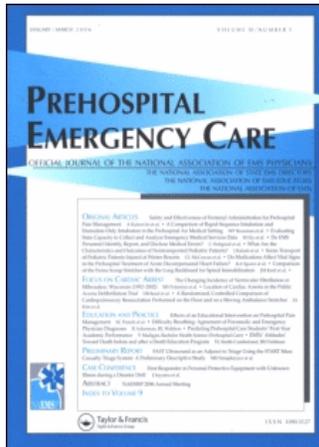
On: 4 April 2007

Access Details: [subscription number 775648637]

Publisher: Informa Healthcare

Informa Ltd Registered in England and Wales Registered Number: 1072954

Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Prehospital Emergency Care

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title-content=t713698281>

Alternate Airways in the Out-of-Hospital Setting Position

Statement of the National Association of EMS

Physicians

Robert E. O'Connor

To cite this Article: Robert E. O'Connor, 'Alternate Airways in the Out-of-Hospital Setting Position Statement of the National Association of EMS Physicians', Prehospital Emergency Care, 11:1, 55

To link to this article: DOI: 10.1080/10903120601021143

URL: <http://dx.doi.org/10.1080/10903120601021143>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article maybe used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

© Taylor and Francis 2007

POSITION PAPER

ALTERNATE AIRWAYS IN THE OUT-OF-HOSPITAL SETTING POSITION STATEMENT OF THE NATIONAL ASSOCIATION OF EMS PHYSICIANS

While endotracheal intubation (ETI) has been central to advanced prehospital airway management for over 30 years, ETI efforts are not always successful or possible. In addition, there may be situations where ETI efforts are anticipated to be difficult or futile. To ensure that every patient has a patent airway, alternate airways (non-ETI airway management devices) should be available to all prehospital rescuers that perform ETI. The NAEMSP recommends the following for

emergency medical services (EMS) agencies that provide advanced life support level care:

- All agencies should have available for use at least one blindly inserted nonsurgical airway device as a rescue or alternative to ETI.
- Rescuers must receive adequate initial and continuing training in the use and application of alternate airways, including training in difficult airway management and decision making.
- Medical directors should implement quality assurance and improvement initiatives to ensure adequate training in and appropriate clinical application of alternate airways.
- There is insufficient evidence to either support or refute a recommendation that all agencies have a surgical airway technique (surgical cricothyroidotomy, percutaneous cricothyroidotomy, transtracheal jet ventilation, etc.) available for use.

Address correspondence to: Robert E. O'Connor, MD, MPH, Department of Emergency Medicine, Christiana Care Health System, Christiana Hospital, Room 1590, P.O. Box 6001, Newark, DE 19718. e-mail: <roconnor@christianacare.org>.

Approved by the NAEMSP Board of Directors, August 28, 2006.

doi: 10.1080/10903120601021143