NTDB™ data points

"A is for airway"

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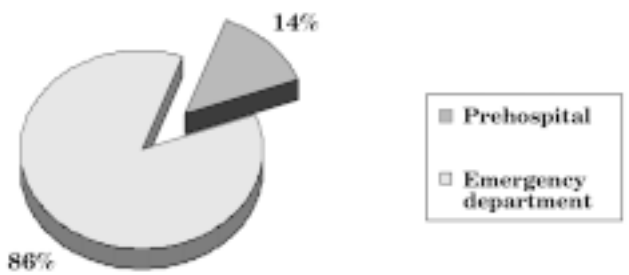
From the time that we are children in kindergarten, we are taught the importance of learning our ABCs. In 1980, this concept was carried over to the care of the traumatized patient with the advent of the American College of Surgeons' Committee on Trauma-sponsored Advanced Trauma Life Support Course® (ATLS®). ATLS stresses the importance of a logical and reproducible approach to the initial evaluation and treatment of the trauma patient. By recognizing the fact that injury kills in a certain reproducible time frame, the development of the "ABCDE" approach to the evaluation and treatment of the injured patient was developed. The first and foremost threat to life is the loss of an airway: "A" is for airway.

When looking for a subset of patients that are prone to have airway compromise, patients with significant head injury come to mind. The provision of a secure airway and the maintenance of oxygenation and ventilation are important factors in the prevention of secondary brain injury. As a result of the widespread application of the principles of ATLS, which emphasize the airway and outline methods for chemically assisted intubation, we have made great strides in the provision of trauma care within our hospitals. In reviewing the records of patients with a diagnosis code for head injury and a Glasgow Coma Score of eight or less contained in the National Trauma Data Bank's *Annual Report 2003*, there are 40,020 patients that had endotracheal intubation documented as either being performed in the emergency department or in the prehospital setting. These data are depicted in the graph on this page.

Endotracheal intubation in head-injured patients



It is not surprising to find that, as hospital care of the injured patient improves, some of these concepts and techniques are attempted in the prehospital arena. If a definitive airway is important, is there a role for pharmacological adjuncts in the field to increase the number of prehospital intubations? There have been several recent studies addressing the safety and efficacy of rapid sequence intubation for prehospital airway control. At present, questions remain and additional outcomes-based research is needed. However, we must not forget the basic adjuncts to airway control, such as chin lift and jaw thrust, that any one of us can perform in any location, at any time, if the need arises.

Throughout the year, we will be highlighting these data through brief monthly reports in the *Bulletin*. For a complete copy of the National Trauma Data Bank's *Annual Report 2003*, visit us online at our new Web address: *http://www.ntdb.org*. If you are interested in submitting your trauma center's data, contact Melanie L. Neal, Manager, NTDB, at mneal@facs.org.