

Hei,

Som tidligere annonsert ønsker gruppen bak SSAI retningslinjer for pre-hospital luftveishåndtering tilbakelding fra fagmiljøet. I den anledning inviteres personer eller grupper som har uttrykt ønske muligheten til å kommentere på retningslinjene.

*"The Scandinavian society of anaesthesiology and intensive care medicine task force on pre-hospital airway management has drafted recommendations based on available evidence and expert opinion. Literature was systematically reviewed and combined with expert opinion and the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system to move from evidence to recommendations. This process resulted in a guideline for pre-hospital airway management that includes a combination of techniques applied in a stepwise fashion appropriate to patient clinical status and provider competence. The task force chose not to set standards for training or nominate certain procedures to professional categories as training within professions may vary. This leaves the responsibility with the individual medical director to determine the level of training required for basic-, intermediate-, and advanced airway management within their service.*

*As a stakeholder we invite you to comment on the following recommendations:*

- All pre-hospital health care providers should consider applying basic airway manoeuvres and airway adjuncts (strong recommendation, low quality of evidence (QoE)).
- Selected trauma patients should be turned into a lateral position (weak recommendation, low QoE).
- Providers with intermediate training should use a supraglottic airway device (SAD) on patients in cardiac arrest (strong recommendation and low QoE).
- Providers with advanced training may choose to use a SAD in selected situations or as a rescue device (strong recommendation and low QoE).
- Tracheal intubation (TI) should only be performed by providers with advanced training and the position of any tracheal tube or SAD should be verified with continuous waveform end-tidal CO2 monitoring (strong recommendation and moderate QoE).
- Videolaryngoscopy should be considered as an alternative method for intubation when direct laryngoscopy fails or is expected to be difficult in pre-hospital TI (weak recommendation and low QoE).
- Providers with advanced training should apply cricothyroidotomy in "cannot intubate, cannot ventilate" situations (weak recommendation and low QoE).

*We also invite you to comment on the attached flow-chart*

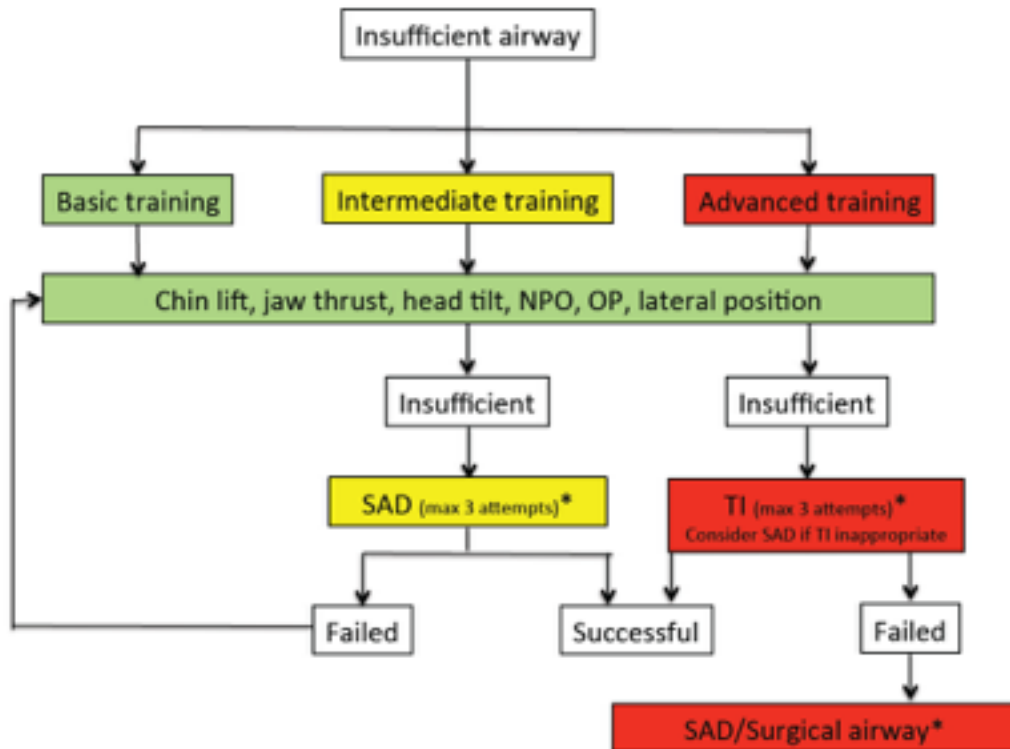
*The deadline for comments is set to Jan 4th 2016."*

Mvh

Marius Rehn

(HEMS SpR, Ph.D.)

Norwegian Air Ambulance Association



\*Verify correct position (visual, auscultation, continuous waveform end-tidal CO<sub>2</sub>)