The Walls Manual of Emergency Airway Management FIFTH EDITION



Calvin A. Brown III John C. Sakles Nathan W. Mick



the difficult airwaycourse"

FIFTH EDITION

THE WALLS MANUAL OF EMERGENCY AIRWAY MANAGEMENT

EDITOR-IN-CHIEF

Calvin A. Brown III, MD

Assistant Professor of Emergency Medicine Director of Faculty Affairs Department of Emergency Medicine Brigham and Women's Hospital Harvard Medical School Boston, Massachusetts

ASSOCIATE EDITORS

John C. Sakles, MD

Professor Department of Emergency Medicine University of Arizona College of Medicine Tucson, Arizona

Nathan W. Mick, MD, FACEP

Associate Professor Department of Emergency Medicine Tufts University School of Medicine Associate Chief Department of Emergency Medicine Maine Medical Center Portland, Maine



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Dedication



This book is dedicated to four pioneers in emergency medicine (left to right): Drs. Robert Schneider, Ron Walls, Mike Murphy and Robert Luten. Their vision and tireless devotion to education led to the creation of The Difficult Airway Course and this comprehensive text of emergency airway management. They have defined and refined safe, evidence-based airway management practices for generations of emergency providers and, in the process, have saved countless lives."

Preface

It is with pride and immense joy that we present this fifth edition of The Walls Manual of Emergency Airway Management, from here on known simply as "The Walls Manual." This book has been extensively updated from cover to cover and expanded with exciting new chapters. It contains the latest in evidence-based approaches to airway management presented in a practical, yet creative style by our highly talented authors, who teach with us in The Difficult Airway Course: Emergency and The Difficult Airway Course: Anesthesia, The Difficult Airway Course: Critical Care and The Difficult Airway Course: EMS. As with previous editions, each topic has undergone a critical appraisal of the available literature to ensure the content is on the vanguard of clinical medicine.

New information sparks vigorous debate and oftentimes a departure from previous thinking. To this end, the fifth edition contains several fundamental changes. The seven Ps of rapid sequence intubation (RSI), unadulterated fixtures in previous editions, have undergone a transformative change with the elimination of Pretreatment as a discrete pharmacologic action, now replaced by Preintubation Optimization. With new information surfacing about the hemodynamic consequences of RSI in critically ill emergency department patients, this new step emphasizes the importance of maximizing cardiopulmonary physiology prior to induction and positive pressure ventilation in order to prevent hypoxic insult and circulatory collapse. A new chapter on intubating the unstable patient dovetails nicely with this approach and provides a solid framework that addresses the metabolic, physiologic, and hemodynamic factors that make emergency airway management complex and challenging. Cutting-edge information on flush flow rate oxygen for emergency preoxygenation provides us with new insight and options for maximizing the safety of RSI. Lidocaine, previously advocated as a pretreatment agent for patients with elevated intracranial pressure and reactive airways disease, no longer plays a role and has been removed from our lexicon; however, fentanyl remains as a sympatholytic option in patients with hypertensive crises, although is now considered part of a holistic approach to cardiovascular optimization and is no longer thought of as an independent pharmacologic maneuver. We present updated mnemonics for difficult airway detection with the "MOANS" mnemonic for difficult bag and mask ventilation refreshed to create "ROMAN," which better highlights our newly understood association between radiation changes (the "R" in ROMAN) and difficult bagging. In addition, we cover the latest in airway tools as old standbys like the GlideScope and C-MAC videolaryngoscopes continue to transform into more streamlined and affordable devices with improved image quality and overall performance.

This compendium embodies what we believe to be the knowledge and skill set required for emergency airway management in both the emergency department and the prehospital environment. The principles, however, are applicable to a wide array of clinical settings. As inpatient care continues to evolve and roles become redefined, we are witnessing the emergence of hospitalists and critical care physicians as primary airway managers being called upon frequently to intubate on hospital floors and in intensive care units. The concepts we present in the fifth edition can be extrapolated to any arena where urgent airway management might take place and is as relevant to inpatient clinicians as it is to emergency medicine specialists. Tapping yet again into Terry Steele's vision and creativity, we drew upon the combined knowledge base from both the anesthesia and emergency medicine courses to develop The Difficult Airway Course: Critical Care in 2016, a comprehensive and robust new curriculum to meet the educational needs of this unique group of airway managers. New chapters on intubating the unstable patient and safe extubation techniques augments this new curriculum and helps to make this latest edition the most versatile manual ever.

We are fortunate for the opportunity to provide this resource and are hopeful that the material in this book will play an important role when, late at night, faced with little information, less help, and virtually no time for debate we are called to act, make extraordinary decisions, and save lives.

Calvin A. Brown III, MD Boston, Massachusetts

John C. Sakles, MD Tucson, Arizona

Nathan W. Mick, MD, FACEP Portland, Maine

Acknowledgments

One of the most precious gifts in medicine is that of mentorship and I have been fortunate beyond measure. My development as an academic emergency physician would not have been possible without the frequent advice, incredible opportunities, and genuine friendship from Dr. Ron Walls. While professional aspirations are important, family is paramount. I must thank my wife Katherine and our two wonderful boys, Calvin and Caleb. Their steadfast love and support despite years of travel and long office hours has provided me with the privilege to pursue my professional goals. Finally, I would like to acknowledge the national teaching faculty of our airway courses as well as the faculty, residents, and medical students at Brigham and Women's Hospital and Harvard Medical School who help keep me energized, challenged, and intellectually honest on a daily basis.

Calvin A. Brown III, MD Boston, Massachusetts

There are many people in my life, including my family, professional colleagues, and patients, who have greatly enriched my career and have made my participation in the airway course and manual possible. I thank them all for their understanding, continued support, and faith in me. I would like to dedicate this manual to all the frontline providers, of every specialty and discipline, who manage the airways of critically ill and injured patients. It is through their tireless efforts, working in uncontrolled environments and under difficult circumstances, that the lives of our loved ones are saved.

John C. Sakles, MD Tucson, Arizona

Ten years ago, I was contacted by Dr. Ron Walls asking if I would be available to help teach at the Difficult Airway Course and it was with great honor and pleasure that I accepted his offer. Today, I remain immensely grateful to him for his teaching and mentorship during residency and in the early portion of my academic career. A decade has passed, and I feel blessed to have interacted with such an amazing group of airway educators and often feel as if I have received as much as I have given during those long weekends. A special thanks to Dr. Bob Luten, who has a special place in my heart as one of the founding fathers of Pediatric Emergency Medicine and a true pioneer in pediatric airway management. Thank you as well to my family, wife Kellie, daughters Gracyn and Afton, for putting up with the frequent travel, with only the occasional "snow globe" present on my return. Know that time away from the family is never easy, but we feel we are truly making a difference.

Nathan W. Mick, MD, FACEP Portland, Maine

Contributors

Jennifer L. Avegno, MD

Clinical Assistant Professor of Medicine Section of Emergency Medicine Louisiana State University Health Sciences Center New Orleans, Louisiana

Aaron E. Bair, MD

Professor Department of Emergency Medicine University of California Davis School of Medicine Sacramento, California

Jeff Birrer, EMT-P

Paramedic American Medical Response Portland, Oregon

Darren A. Braude, MD

Paramedic Chief Division of Prehospital, Austere, and Disaster Medicine Professor of Emergency Medicine and Anesthesiology University of New Mexico Health Sciences Center Medical Director, The Difficult Airway Course: EMS Albuquerque, New Mexico

Calvin A. Brown III, MD

Assistant Professor of Emergency Medicine Director of Faculty Affairs Department of Emergency Medicine Brigham and Women's Hospital Harvard Medical School Boston, Massachusetts

Stephen Bush, MA (Oxon), FRCS, FRCEM

Consultant in Emergency Medicine Emergency Department Leeds Teaching Hospitals Trust United Kingdom

Steven C. Carleton, MD, PhD

Professor W. Brian Gibler Chair of Emergency Medicine Education Department of Emergency Medicine University of Cincinnati College of Medicine Cincinnati, Ohio

David A. Caro, MD

Associate Professor Department of Emergency Medicine University of Florida College of Medicine Jacksonville, Florida

Ken Davis EMT-P, FP-C, BA

EMSRx LLC Waxahachie, Texas

Peter M.C. DeBlieux, MD

Professor of Clinical Medicine Section of Emergency Medicine Louisiana State University Health Sciences Center University Medical Center New Orleans New Orleans, Louisiana

Brian E. Driver, MD

Assistant Professor Department of Emergency Medicine University of Minnesota Medical School Faculty Physician Department of Emergency Medicine Hennepin County Medical Center Minneapolis, Minnesota

Laura V. Duggan, MD

Clinical Associate Professor Department of Anesthesiology, Pharmacology, and Therapeutics University of British Columbia Vancouver, British Columbia, Canada

Jan L. Eichel, RN, CFRN, BA, EMT-P

Director of Clinical Operations West Michigan Air Care Kalamazoo, Michigan

Frederick H. Ellinger, Jr., NRP

Flight Paramedic MidAtlantic MedEvac AtlantiCare Regional Medical Center Atlantic City, New Jersey

Megan L. Fix, MD

Assistant Professor Division of Emergency Medicine University of Utah Hospital Salt Lake City, Utah

Kevin Franklin, RN, EMT-P, CFRN

Flight Nurse West Michigan Air Care Kalamazoo, Michigan

Michael A. Gibbs, MD

Professor and Chairman Department of Emergency Medicine Carolinas Medical Center Levine Children's Hospital Charlotte, North Carolina

Steven A. Godwin, MD, FACEP

Professor and Chair Department of Emergency Medicine University of Florida College of Medicine Jacksonville, Florida

Michael G. Gonzalez, MD, FACEP, FAAEM

Assistant Professor Emergency Medicine Baylor College of Medicine Associate Medical Director Houston Fire Department Houston, Texas

Alan C. Heffner, MD

Director of Critical Care Director of ECMO Services Professor Department of Internal Medicine Department of Emergency Medicine Carolinas Medical Center University of North Carolina Charlotte, North Carolina

Cheryl Lynn Horton, MD

Associate Physician Department of Emergency Medicine Kaiser Permanente East Bay

Andy S. Jagoda, MD

Professor and System Chair Department of Emergency Medicine Icahn School of Medicine at Mount Sinai New York, New York

Michael Keller, BS, NRP

Curriculum Faculty Department for EMS Education Gaston College Dallas, North Carolina

Erik G. Laurin MD

Professor Department of Emergency Medicine Vice Chair for Education University of California, Davis, School of Medicine Sacramento, California

Robert C. Luten, MD

Professor Department of Emergency Medicine Division of Pediatric Emergency Medicine University of Florida College of Medicine Jacksonville, Florida

Nathan W. Mick, MD, FACEP

Associate Professor Tufts University School of Medicine Associate Chief Department of Emergency Medicine Maine Medical Center Portland, Maine

Jarrod M. Mosier, MD

Associate Professor Department of Emergency Medicine Department of Medicine Division of Pulmonary, Allergy, Critical Care, and Sleep University of Arizona College of Medicine Tucson, Arizona

Michael F. Murphy MD, FRCPC

Professor Emeritus

University of Alberta Edmonton, Alberta, Canada

Joshua Nagler, MD, MHPEd

Assistant Professor Harvard Medical School Division of Emergency Medicine Boston Children's Hospital Boston, Massachusetts

Justen Naidu, MD

Anesthesiology Resident Department of Anesthesiology, Pharmacology and Therapeutics, University of British Columbia Vancouver, British Columbia, Canada

Bret P. Nelson, MD

Associate Professor Department of Emergency Medicine Icahn School of Medicine at Mount Sinai New York, New York

Ali S. Raja, MD, MBA, MPH

Vice Chairman and Associate Professor Department of Emergency Medicine Massachusetts General Hospital Harvard Medical School Boston, Massachusetts

Robert F. Reardon, MD

Professor of Emergency Medicine University of Minnesota Medical School Department of Emergency Medicine Hennepin County Medical Center Minneapolis, Minnesota

John C. Sakles, MD

Professor Department of Emergency Medicine University of Arizona College of Medicine Tucson, Arizona

Leslie V. Simon, DO

Assistant Professor Department of Emergency Medicine Mayo Clinic Florida Jacksonville, Florida

Mary Beth Skarote, EMT-P, LPN

All Hazards Planner Veteran Corps of America Jacksonville, North Carolina

Julie A. Slick, MD

Assistant Professor Louisiana State University Health Sciences Center Chief, Emergency Medicine Southeast Louisiana Veterans Health Care System New Orleans, Louisiana

Michael T. Steuerwald, MD

Assistant Professor Department of Emergency Medicine University of Wisconsin School of Medicine and Public Health Madison, Wisconsin

Eli Torgeson, MD

Assistant Professor Department of Anesthesiology and Critical Care Medicine University of New Mexico School of Medicine Albuquerque, New Mexico

Katren R. Tyler, MD

Associate Professor Associate Residency Director Geriatric Emergency Medicine Fellowship Director Vice Chair for Faculty Development, Wellbeing, and Outreach Department of Emergency Medicine University of California Davis School of Medicine Sacramento, California

Ron M. Walls, MD

Executive Vice President and Chief Operating Officer Brigham and Women's Health Care Neskey Family Professor of Emergency Medicine Harvard Medical School Boston, Massachusetts

Richard D. Zane, MD

Professor and Chair Department of Emergency Medicine University of Colorado School of Medicine University of Colorado Hospital Denver, Colorado

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