jrcalc
joint royal colleges ambulance liaison committee

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Airway management – JRCALC recommendations July 2008.

Introduction.

At the main committee meeting held in London on 9 July 2008 JRCALC members were able to study the final version of its commissioned working group report entitled " A Critical Reassessment of Ambulance Service Airway Management in Pre-Hospital Care" (the report can be seen in its entirety on the JRCALC website www.jrcalc.org.uk). JRCALC had recommended that this area of clinical practice be examined in more detail to produce guidance and recommendations for future practice. This has already been explained in more detail in the "*Airway Management Update following committee meeting on 12 March 2008*" to be found on the JRCALC website homepage. Three main points had therefore been scrutinised: 1) a current assessment of the benefit on patient outcome of tracheal intubation without drugs, 2) an appraisal of the adequacy of current training requirements for competency in tracheal intubation and 3) an assessment of the adequacy of ensuring ongoing competency in the intervention.

After careful consideration of the document and its accompanying evidence the committee have accepted the group's conclusion that "…paramedic intubation can no longer be recommended as a mandatory component of paramedic practice and should not be continued to be practiced in its current format", and that "…for the majority of paramedics … greater emphasis should be placed on airway management using an appropriate supraglottic device (SAD)".

Recommendations.

JRCALC now recommends that much greater emphasis be placed on the establishment of a clear airway and optimum gas exchange than on achieving an assumed gold standard of endotracheal intubation (ETI) **per se**. In the same way that currently trainees are made aware of the technique of cricothyroidotomy which may in rare circumstances be life-saving but in which they receive instruction but no formal assessment of competency on patients, so they will have a working knowledge of laryngoscopy and endotracheal tube placement. Laryngoscopy and the use of Magill's forceps will of course remain valuable skills to deal with impacted foreign bodies in the airway. This means that trainee paramedics will continue to gain experience in the whole spectrum of airway management in the unconscious patient during their theatre attachment and will

observe and, ideally, undertake intubation under supervision, but they will no longer be required to be specifically signed off as competent in that intervention. They would however be expected to gain wide experience in the use of supraglottic airway devices.

Timeline.

It is recommended that the move to preferential use of supraglottic devices be initiated with least delay as it is appreciated that such a significant alteration in airway management would not be expected to take place overnight. In recognising that endotracheal intubation will continue to be undertaken in specific instances JRCALC supports the airway group's recommendation that from now on definite steps should be taken as soon as possible for a bougie and a means of carbon dioxide detection to be made available.

With regard to training it will of course be necessary for principle regulators including the Health Professions Council (HPC), the Institute of Health Care Development (IHCD) and the College of Paramedics (BPA) to assimilate the recommendations within their own ordinances and approve them before initiating change.

The Future.

Current developments in supraglottic airway devices make this an exciting and fast-developing area of prehospital care, and have the very real potential to afford patients even safer airway management in the future. It is realistic to suggest that we in the UK will be able to lead in the research that will underline the potential advantages that are achievable, particularly in the development of specialist practice.

Dr Tom Clarke
Chair JRCALC
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