

POSTER PRESENTATION

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Endotracheal intubation in intensive care unit: a prospective study of clinical practice and adverse events

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Introduction

Intubation in critical care unit patients is a difficult proposition due to multiple limiting factors like full stomach, hemodynamic instability, emergency circumstances, difficult positioning, all leading to increased adverse events during intubation.

Objectives

To describe the practice of endotracheal intubation in the Intensive care unit of a tertiary care teaching hospital, with particular emphasis on the indication, medications used, time of day, staff seniority, number of attempts required and any adverse events.

Methods

This was a prospective observational study of intubation practice over a 6 months period from 1st October 2014 to 31st march 2015.

Results

Out of 250 intubations performed with in the time frame, acute respiratory failure (54.5%) was the most common indication followed by trauma. 56.25% intubations done in odd hours (8AM-8PM) having 63.45% success rate on first attempt.

Consultants made the successful first attempt at intubation in 84.5% (95% CI 79.0-88.5), whereas registrars or senior Resident Medical Officers made the first attempt at intubation in 66.6% (95% CI 60.9-71.3).

Complications occurred in 20.10% cases: desaturation, 7.2%; hypotension, 6.5%; aspiration, 3.8%; esophageal intubation, 1.3%; dental injury, 1.2%; and pneumothorax, 0.1%.

Fentanyl plus midazolam combination (70%) was the most common drugs used for intubation.

A bougie was used in 30.9% (95% CI 25.8-36.5) of first attempts, whereas a stylet in 37.5% (95% CI 32.1-43.3).

Conclusions

Intubation in critical care unit patients is a risky procedure which needs a standard operating guidelines to decrease the adverse events.

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