We greatly appreciated Wang and colleagues’ article, which has been recently demonstrated in several emergency medical services (EMS) intubation studies, including this one; and the lessons associated with unbridled enthusiasm for unproven yet seemingly common-sense interventions (i.e., pre-hospital intubation in significantly head-injured patients).

However, one key result from this large study seemed to elude the reviewers. In Wang and colleagues’ summary by Topping and Ducharme (5) the findings are consistent with another recent study that also showed an association of highly trained crew members are given intensive training and reasonable ongoing critical care exposure, have demonstrated exceptional airway management skills.1,4 Wang and colleagues’ findings are consistent with another recent study that also showed an association with improved outcomes using this air medical model.5

References

Prehospital intubation for severe head injury

To the Editors: We greatly appreciated the detailed, yet succinct Journal Club summary by Topping and Ducharme of Wang and colleagues’ paper on the deleterious association demonstrated by pre-hospital intubation in the seriously head-injured patient versus emergency department intubation of a similar cohort.

Topping and Ducharme carefully defined the population studied; the quality of the database used; the methodology for analysis (including use of a propensity score); the challenges of a possible randomized controlled trial to further delineate causation versus the clear association that has been recently demonstrated by pre-hospital intubation in the serious, yet lethal, head-injured patient requiring air medical transport and associated with improved outcomes using this air medical model.2 We feel that Wang and colleagues’ suggestive data on air medical rapid sequence intubation management in the seriously ill head-injured patient deserves further consideration and is of key interest to EMS physicians and providers.

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