COMMENTARY

PPEs and First-Pass Success in COVID-19

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Abbreviations:
COVID-19: coronavirus disease 2019
PPE: personal protective equipment

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To the Editor;

We've read the article by Avery, et al entitled "Maintaining Prehospital Intubation Success with COVID-19 Personal Protective Precautions"[1] with great interest. In our opinion, understanding the "new standard" and finding out the possible disruptions in patient care is as essential as researching the most effective ways to deliver best possible care for patients who are infected with novel coronavirus or microorganisms that could cause another epidemic or pandemic. This article sheds light into this topic.

We would like to draw attention to some of the issues mentioned in the article. In a previous study, it was stated that resuscitation with personal protective equipment (PPE) was not inferior to that performed without equipment.[2] I think that the study evaluating the initial success of intubation is very valuable. However, there is no clear information about the outcome in critically ill patients, as it will take some time to wear PPE. Since the data for this study were collected retrospectively, time to intervention data may not be available. We think that it would be more accurate to provide information on survival after intubation success in the pre-coronavirus disease 2019 (COVID-19) period and in the COVID-19 period.

At first glance, the "There was no statistically significant difference in first-pass success rate between the two groups: 90.3% in the pre-COVID-19 group (n = 546) and 89.3% in the COVID-19 group (n = 720)" sentence in the Abstract seems as if the number of initial success rates is given as 546 and 720. However, these numbers constitute the total numbers in both groups.

This study proves that PPEs make no difference in the success of intubation from those who provide life support to use PPE without questioning their own selves for providing the best care possible. We would like to thank the authors for their contribution to literature.

References

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