

VL and VT without modifying the A. The sodium bicarbonate did not modify the conduction V while the QRS prolongation was corrected. The clomipramine acts as a class I antiarrhythmic drug on the inward sodium current during the phase 0 of the action potential, but a modulation of the junctional resistivity can not be ruled out.

Key words: anti-depressants; tricyclic; bicarbonate; clomipramine; intoxication, QRS; velocities, conduction; ventricles

Prehosp Disast Med 2001;16(2):s69.

National Prospective Survey on Emergency Endotracheal Intubations in French Emergency Departments: Preliminary Results

F. Staikowsky,¹ P. Lebrin,² D. Ozouf,¹ C. Durand-Ramelaere,³ A. Trinh Duc,⁴ F. Charlatte,⁵ F. Carpentier,⁶ et le Groupe National de Recueil des Intubations aux Urgences

Emergency Departments: 1. Caen; 2. Bry sur Marne; 3. Angoulême, 4. Agen; 5. Boulogne sur Mer; 6. Grenoble, FRANCE

In United States, data on emergency endotracheal intubations in emergency departments are listed in a national register (National Emergency Airway Registry Study or NEAR). These data are unknown in French emergency departments.

Objective: To characterize emergency department airway management in France, including frequency, practice, and success and complication rates.

Methods: We conducted a prospective, observational one-month study in emergency departments to assess the endotracheal intubations consecutively attempted in emergency rooms.

Results: A total of 51 French emergency departments (17 teaching hospitals, 29 non-teaching hospitals, and 5 private hospitals) recorded their data during this preliminary study. A total of 274 intubations were registered over this period: average of 4.8 ±5.1 intubations/month/emergency department (range: 0–24). In seven emergency departments, no patients were intubated during an eight-month periods. The demography of the patients and the main problems for which intubations were attempted included: men, 62.6%; 55 ±21 years, range 2–94 years who were: (1) toxic, 21%; (2) had acute cerebrovascular diseases such as stroke and epilepsy, 17%; (3) trauma, 15%; (4) cardio-vascular, 11%; and/or (5) respiratory failure, 11%. The airway management indications were dominated by: (1) decreased mental status or unconsciousness, 56%; (2) respiratory failure, 34%; (3) hemodynamic distress, 14%; and/or (4) cardiac arrest, 10%. Oral endotracheal intubations and nasal endotracheal intubations were the first method attempted in 81% and 19% of intubations respectively. Intubations of adults and children were managed by emergency practitioners in 66.4% of cases, anesthesia or intensive care physicians in 31.1%, and anesthesia nurses in 1%. The average number of attempts was 1.2 ±0.9/operator (range: 1–10), most being realized from first glottic exposure (82%). It was necessary to call in a second operator 25

times and this second operator was a member of the emergency team 11 of these times. The endotracheal intubation was undertaken with the administration of an intravenous anesthetic drug 198 times (72.3%); Rapid sequence intubation and intubation with sedation only, were performed respectively in 24% and 35% of intubations. The immediate complications directly attributable to the intubation were detected in 17%, the most frequent being: (1) low blood pressure, 44%; (2) arterial desaturation, 19.5%; (3) vomiting, 14.6%; (4) selective intubation, 14.6%; (5) esophageal intubation, 12.2%; (6) epistaxis, 73%; and (7) laryngospasm, 5%. The intubations were impossible one time (a tracheotomy was necessary).

Conclusion: This study is the first survey on intubation in the French emergency departments. Most intubations were not done using rapid sequence intubation. However, the emergency physicians' success rate was high. The endotracheal intubations in Emergency Department are managed mainly by emergency practitioners who have preliminary training in their courses of study.

Key words: anaesthetics; emergency; emergency departments; endotracheal; France; indications; intubation; rapid sequence; sedation

Prehosp Disast Med 2001;16(2):s69.

Emergency Endotracheal Intubations: Procedures, Medications, and "Difficult Airway Cart" Available in Emergency Departments in France

F. Staikowsky,¹ P. Lebrin,² A. Cannamela,³ C. Jordy,⁴ S. Texier,⁵ C. Zanker,⁶ C. Cerfontaine,⁷ et le Groupe National de Recueil des Intubations aux Urgences

Emergency Departments: 1. Caen, 2. Bry sur Marne, 3. Roanne, 4. Montreuil, 5. Lorient, 6. Clichy, 7. Melun, FRANCE

Introduction: Efficient and rapid airway management must to be learned and mastered by emergency physicians. Airway management is a key component of the care of the critically ill or injured patients. This work purposes to identify the dispositions for emergency endotracheal intubation in French emergency departments.

Method: A questionnaire was sent to the heads of emergency departments in France. The data collected ascertained the emergency department typology, the intubation procedures, the medicaments used to intubate, and options used for difficult airway management.

Results: 92 French emergency departments (20 teaching hospitals, 67 non-teaching hospitals, and 5 private hospitals), receiving more than 2.5 millions of patients per year, recorded their data. An anaesthesiologist or intensive-care practitioners were present 24 hours in 85.9% of hospitals. The average number of endotracheal intubations was estimated at 169.4 ±79.4/emergency department/year (28 emergency departments have not provided data for this study). A systematic collection of the number of endotracheal intubations performed and the conditions under which the attempts were made was done in only 9.9% of the emergency departments. A written procedure on airway management existed in 18.7% of the emergency