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Maintenance of advanced airways in prehospital care

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ABSTRACT

Introduction: Advanced airway management occupies an important place in the care of trauma patients. Its relevance is much more valued today than in the past. Maintaining a patent airway and providing adequate ventilation, when necessary, are relevant procedures in reducing brain injury as well as increasing the likelihood of a good prognosis. Objective: The objective of this research is to find evidence in the scientific literature about the maintenance of advanced airways in prehospital care. Methodology: This is an integrative review of the literature. The articles search was carried out in June 2017 in the following databases: Scielo, PubMed and Portal Capes. Articles from the last ten years were selected, and the following descriptors were used: Emergency Medical Services; Oxygen; Ventilation. Results and Discussion: 6 articles were found, 3 in Portuguese, 2 in English and 1 in Spanish. The most recent article was of 2013. In regard to the maintenance of advanced airways, there are three types of definitive airway: orotracheal tube, nasotracheal tube, and surgical airway (cricothyroididotomy or tracheostomy), the latter being used only in the in-hospital service. Endotracheal intubation is indicated for patients with lowering in the level of consciousness, presenting scores lower than 8 in the Glasgow Coma Scale. It is a technique that must be performed sterile, and most of the time in the APH this is not possible. Both techniques are safe when performed properly. Oxygen should be administered with caution and the patient monitored constantly with pulse oximetry and respiratory rate. Conclusion: The results found to date show that there are not many scientific evidence-based reports that outline how airway maintenance should be done in APH, pointing to the need for further studies in the area.

Keywords: Emergency Medical Services; Oxygen; Ventilation

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