Rapid Sequence Intubation - From the Patients' Perspective

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Background: Rapid Sequence Intubation (RSI) is the method of choice for ED intubations, and success of the procedure is usually measured immediately by the correct placement of the endotracheal tube.

Objective: In this study we measured the efficacy of RSI by qualifying its effects on emergently intubated patients with regards to recall and comfort of intubation.

Methods: Institutional Review Board-approved prospective study using a standardized data collection tool. Patients who had undergone RSI on the floors of the hospital were followed. After consent, the patient was asked about their recollection of the intubation event, and the chart was reviewed for diagnosis, clinical status, and RSI medications used.

Results: From 2/2007 - 9/2007, there were 385 resuscitation calls. Of those, 287 patients survived the initial event; 107 subsequently expired, 142 were discharged to other facilities with no interview, and 38 were approached for an interview. Eight patients declined to be interviewed. Of the remaining 30, 26 (87%) patients reported no recollection of their intubation. One remembered hearing people speak and feeling uncomfortable but reported no pain. One reported feeling uncomfortable but reported no pain. Two (7%) patients reported recollection and both pain and discomfort. On chart review there were no differences between the patients who recalled intubation and those who did not. However, the two patients who reported pain during intubation were noted after the interview to have used alcohol immediately prior to hospital admission and had elevated liver enzymes at the time of intubation. Etomidate was the sedative of choice (92%), and succinylcholine was the paralytic used most often (61%).

Conclusion: In our pilot study, most patients who underwent RSI and were later successfully extubated did not recall the procedure. However, the fact that a few patients recalled pain or discomfort may merit further investigation to identify individuals at risk for incomplete sedation/amnesia.