

Prehospital supraglottic airway is associated with good neurologic outcome in cardiac arrest victims

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With the adjustment of postresuscitation variables, as well as prehospital and resuscitation variables, the prehospital use of supraglottic airway (SGA) is associated with good neurologic outcome in cardiac arrest victims, particularly in those who receive CPR. That is the primary finding of a study to be published in the December 2017 issue of [Academic Emergency Medicine \(AEM\)](#), a journal of the Society for Academic Emergency Medicine (SAEM).

The lead author of the study is Min Ji Park, MD, Department of Emergency Medicine, Seoul National University Bundang Hospital, Gyeonggi-do, South Korea. Based on their findings, Dr. Park and colleagues recommend further prospective studies to confirm whether the prehospital SGA actually improves oxygenation.

"This study is the first of its kind to take a deeper look on the outcomes of cardiac arrest patients with supraglottic airways. The authors provide key evidence to support the continued use of supraglottic airways for EMS as well as sets the stage for further research comparing outcomes of cardiac arrest patients with SGA versus endotracheal intubation," said Daniel P. O'Donnell, MD, associate professor of clinical [emergency medicine](#) at Indiana University School of Medicine, Indianapolis.

Dr. O'Donnell is also the deputy medical director for Eskenazi Ambulance Service and the Indianapolis Fire Department as well as

medical director for the Indianapolis Metropolitan Police S.W.A.T. team and a medical specialist for Indiana Task Force 1, a division of Urban Search and Rescue.

Provided by Society for Academic Emergency Medicine

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