

Withholding intubation helpful for comatose patients with acute poisoning

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A conservative strategy of withholding intubation is associated with

clinical benefit in comatose patients with acute poisoning, according to a study published online Nov. 29 in the *Journal of the American Medical Association* to coincide with the annual Critical Care Canada Forum, held from Nov. 28 to Dec. 1 in Toronto.

Yonathan Freund, M.D., Ph.D., from Sorbonne Université in Paris, and colleagues examined the effect of [intubation](#) withholding versus routine practice on clinical outcomes of comatose patients with acute poisoning. The analysis included 225 patients randomly assigned to a conservative airway strategy of intubation withholding (intervention) or routine practice.

The researchers observed a significant [clinical benefit](#) for a hierarchical composite end point of in-hospital death, length of intensive care unit stay, and length of hospital stay in the intervention group, with a win ratio of 1.85. There was a lower proportion of any adverse events in the intervention group (6 versus 14.7 percent) compared with the [control group](#). No deaths occurred, and pneumonia occurred in eight patients in the intervention group and 16 receiving regular care.

"A conservative strategy can be used to avoid unnecessary intubation in comatose patients after acute poisoning and could lead to a lower risk of adverse events," the authors write.

One author disclosed ties to the [pharmaceutical industry](#).

More information: Yonathan Freund et al, Effect of Noninvasive Airway Management of Comatose Patients With Acute Poisoning, *JAMA* (2023). [DOI: 10.1001/jama.2023.24391](https://doi.org/10.1001/jama.2023.24391)

Zaffer Qasim et al, The Value of Not Intubating Comatose Patients With Acute Poisoning, *JAMA* (2023). [DOI: 10.1001/jama.2023.22462](https://doi.org/10.1001/jama.2023.22462)

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