

Allison Houston
CAT Block 9
2017 R3 year

Article: Andersen, L. EtAl. Association Between Tracheal Intubation During Adult In-Hospital Cardiac Arrest and Survival. JAMA. 2017; 317(5):494-506.

Objective: "To determine whether tracheal intubation during adult in-hospital cardiac arrest is associated with survival to hospital discharge."

Study Type: Observational cohort study

Methods: Patient data extracted from the Get With The Guidelines-Resuscitation registry. Patients included had in-hospital cardiac arrest between January 2000 through December 2014, had no invasive airway in place prior to cardiac arrest. Using a time-dependent propensity score (which included multiple patient, event and hospital characteristics) patients intubated were matched to similar patients at risk of being intubated. Primary outcome was survival to hospital discharge. Secondary outcomes included ROSC, good functional outcome as defined as mild, no or moderate cerebral disability.

Results: 108,079 patients from 668 hospitals were included in the study. Overall survival was lower among those intubated within the first 15 minutes compared with those not intubated in that time frame. Likewise, ROSC and good functional outcome was lower in the intubated group.

Discussion: These findings do not support early intubation in the setting of inpatient cardiac arrest. However, there are multiple limitations of this study (observational, did not account for reason for intubation, patient illness severity/comorbid conditions), and therefore no practice changing conclusions can be drawn.
