

Videolaryngoscopy:

A survey of use and behaviours in UK pre-hospital emergency medicine

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Background

Videolaryngoscopy has been shown to reduce intubation failure and make the process of tracheal intubation easier, particularly in the difficult airway population. Current Difficult Airway Society guidelines state that videolaryngoscopy should be available in all areas where a difficult intubation may occur and the Project for Universal Management of Airways and international airway societies released a guideline in 2022 stating videolaryngoscopy should be used whenever feasible.

Currently, little is known about the availability and use of videolaryngoscopy within pre-hospital emergency medicine practice in the United Kingdom (UK).

Aims

The aim of this project is to assess current videolaryngoscopy use, specific equipment and staff access within UK helicopter emergency medical service (HEMS) organisations.

Methods

An electronic survey was sent to all UK HEMS organisations to examine current use of videolaryngoscopy within pre-hospital emergency medicine practice and closed in May 2023.

Results

68% returned survey



80% services carry a videolaryngoscope



83% located in primary intubation bag



9 services carry Macgrath MAC



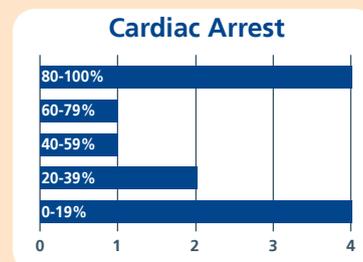
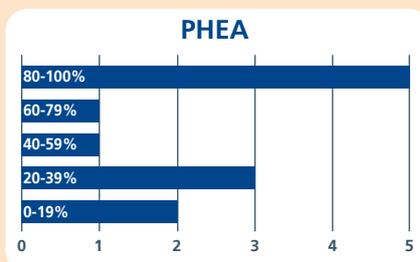
2 services carry C-MAC Portable



1 service carries Macgrath MAC & Glidescope Go



Proportion of intubations using VL as the final device



Does your service use a videolaryngoscope as the primary or rescue intubation device?

PHEA



33% services use as primary device



67% services use at clinician's discretion

Cardiac Arrest



25% services use as primary device



75% services use at clinician's discretion

Conclusion

Videolaryngoscope use is widespread within UK HEMS organisations. The McGrath MAC Video Laryngoscope is the most frequently used device. The majority of services allow for clinician discretion when choosing the primary intubation device.