AIRWAY MANAGEMENT IN PATIENTS WITH OUT-OF-HOSPITAL CARDIAC ARREST: TRACHEAL INTUBATION VS. BAG-MASK VENTILATION.

A European, multicenter, randomized controlled trial

CAAM TIAL

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Declaration of interest

- I have nothing to declare

Declaration of Interest

- None

Background

- **Benefit of endotracheal intubation (ETI) during CPR is unclear.**

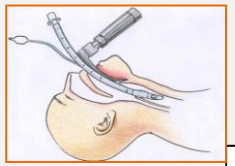
- **Observational studies suggest Bag-Mask ventilation (BMV) associated with better survival than is ETI**

- **Quasi-randomized trial in children in US suggest no significant difference in survival or neurologic outcome with ETI vs. BMV**

Out-of-hospital cardiac arrest patient
Meets inclusion criteria, no exclusion criteria

Resuscitation attempted

Randomize



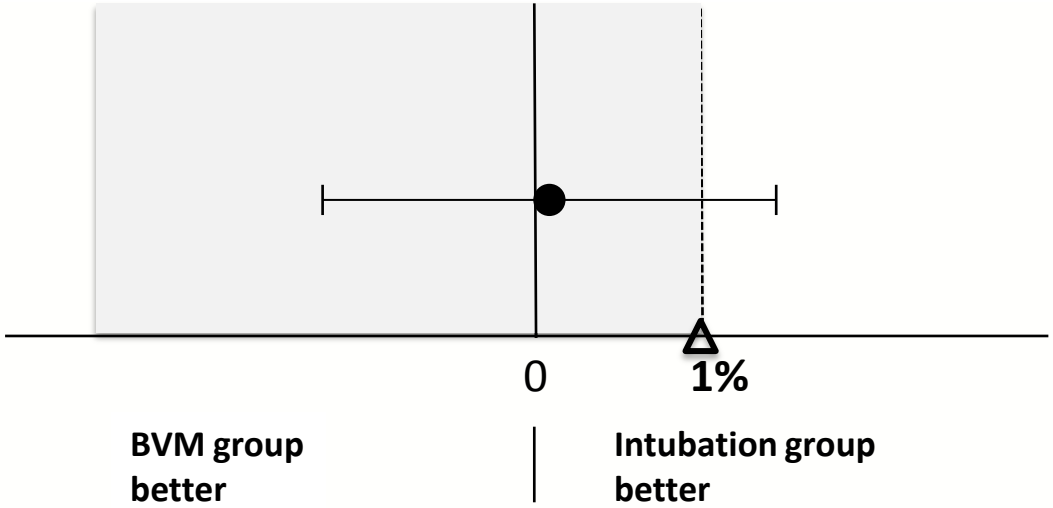
Control group:
Tracheal intubation

Intervention group:
Bag-mask ventilation

Primary Endpoint

Survival at day 28 with Cerebral Performance
Categories of 2 or less

Primary outcome	BMV (N=1018)	TI (N=1022)	Difference	[95% CI]
Survival with good neurological status at day 28	**N= 42 (4.2%)**	**N= 43 (4.3%)**	**0.11**	**[-1.64; 1.87]**



Safety

Item	BVM group	ETI group	p
BVM or ETI failure – no. (%)	**64 (6.3)**	**26 (2.5)**	**<0.0001**
Aspiration or regurgitation of gastric content	**152 (14.9)**	**79 (7.7)**	**<0.0001**

Conclusions

- **Our trial was inconclusive regarding the demonstration of non-inferiority of BMV compared with TI for airway management during CPR in OHCA patients**

- **However, this randomized study did not confirm superiority of BVM reported in observational studies**

- **On the other hand, BMV is associated with increased complications and difficulty.**