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Annals of Emergency Medicine

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21A GLOBAL RESEARCH HIGHLIGHTS

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-   **1 Flush Rate Oxygen for Emergency Airway Preoxygenation** (Original Research)
BE Driver, ME Prekker, RL Kornas, EK Cales, RF Reardon
What question this study addressed: Is preoxygenation by nonrebreather (NRB) mask with flush rate oxygen as good as bag-valve-mask (BVM) at 15 L/min? *What this study adds to our knowledge:* In this randomized trial on 26 healthy volunteers, the FeO₂ for flush rate NRB mask was noninferior to BVM at 15 L/min.
-  **7 Improving the Safety of Rapid Sequence Intubation in the Emergency Department** (Editorial)
JC Sakles
-  **12 Comparison of Ventilation With One-Handed Mask Seal With an Intraoral Mask Versus Conventional Cuffed Face Mask in a Cadaver Model: A Randomized Crossover Trial**
(Brief Research Report)
AJ Amack, GA Barber, PC Ng, TB Smith, MD April
What question this study addressed: This pilot study of 27 army medics compared ventilation with a face mask to the NuMask in an unembalmed cadaver. *What this study adds to our knowledge:* With a 1-handed technique to create a seal, the NuMask achieved higher ventilation volumes than a face mask.
-   **18 Acute Management of Paradoxical Vocal Fold Motion (Vocal Cord Dysfunction)**
(Review Article)
N Denipah, CM Dominguez, EP Kraai, TL Kraai, P Leos, D Braude
Paradoxical vocal fold motion disorder, also commonly termed *vocal cord dysfunction*, is a poorly understood cause of acute upper airway obstruction. Patients with paradoxical vocal fold motion frequently present to the emergency department (ED) with acute respiratory distress and stridor. Lack of familiarity with this disorder may lead to delayed diagnosis or misdiagnosis and unnecessary intubations or surgical airway procedures. We summarize the ED presentation and management of paradoxical vocal fold motion.


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24 Comparison of Etomidate and Ketamine for Induction During Rapid Sequence Intubation of Adult Trauma Patients (Original Research)

CP Upchurch, CG Grijalva, S Russ, SP Collins, MW Semler, TW Rice, D Liu, JM Ehrenfeld, K High, TW Barrett, CD McNaughton, WH Self

What question this study addressed: Do mortality and morbidity after trauma intubation differ between etomidate and ketamine? *What this study adds to our knowledge:* In this before-and-after study of 968 adults, mortality, ICU-free days, and ventilator-free days were similar between groups.

34 Apnea After Low-Dose Ketamine Sedation During Attempted Delayed Sequence Intubation (Case Report)

BE Driver, RF Reardon

EMERGENCY MEDICAL SERVICES

36 Duration of Coma in Out-of-Hospital Cardiac Arrest Survivors Treated With Targeted Temperature Management (Original Research)

T Irisawa, TF Vadeboncoeur, M Karamooz, M Mullins, V Chikani, DW Spaite, BJ Bobrow

What question this study addressed: When do patients awake, and can the timing of awakening be predicted? *What this study adds to our knowledge:* In this multicenter study, 19% of patients who awoke did so more than 48 hours after rewarming; 15%, more than 72 hours. A few awoke after a week. No patient or event characteristics reliably identified early versus late awakeners.

44 Geographic Discordance Between Patient Residence and Incident Location in Emergency Medical Services Responses (Original Research)

RY Hsia, M Dai, R Wei, S Sabbagh, NC Mann

What question this study addressed: Is emergency medical services (EMS) patient residence location an accurate proxy for EMS incident location? *What this study adds to our knowledge:* In this study of more than 12 million EMS activations, patient residence and incident zip code were discordant in one fourth of cases.

52 Effect of Dispatcher-Assisted Cardiopulmonary Resuscitation Program and Location of Out-of-Hospital Cardiac Arrest on Survival and Neurologic Outcome (Original Research)

YS Ro, SD Shin, YJ Lee, SC Lee, KJ Song, HW Ryoo, MEH Ong, B McNally, B Bobrow, H Tanaka, H Myklebust, TS Birkenes

What question this study addressed: How does dispatcher-assisted bystander cardiopulmonary resuscitation (CPR) affect outcomes when out-of-hospital cardiac arrest occurs in public versus private settings? *What this study adds to our knowledge:* Among 37,924 cardiac arrests, dispatcher-assisted CPR was associated with an increase of bystander CPR from 31% to 56%. Bystander CPR in public settings was associated with increased odds of good neurologic recovery, but in private settings only if also associated with dispatcher assistance.

62 The Effect of Combined Out-of-Hospital Hypotension and Hypoxia on Mortality in Major Traumatic Brain Injury (Original Research)

DW Spaite, C Hu, BJ Bobrow, V Chikani, B Barnhart, JB Gaither, KR Denninghoff, PD Adelson, SM Keim, C Viscusi, T Mullins, D Sherrill

What question this study addressed: For out-of-hospital patients with traumatic brain injury, what is the effect on survival of the combination of hypotension and hypoxia compared with either factor alone? *What this study adds to our knowledge:* Among 13,151 out-of-hospital patients with traumatic brain injury during a 7-year period, only 1.6% experienced both hypotension and hypoxia. Mortality was 5.6% for patients with neither but 43.9% when the combination of hypotension and hypoxia occurred. The adjusted odds ratio for death was 6.1 (95% confidence interval [CI] 4.2 to 8.9) for the combination, 2.5 (95% CI 1.9 to 3.3) for hypotension alone, and 3.0 (95% CI 2.4 to 3.8) for hypoxia alone.

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