GlideScope Offers Better Glottic Views Than Conventional Laryngoscope for Pediatric Intubation

*But success rates and overall times to intubation were similar with the two devices.*

To evaluate performance of the GlideScope Cobalt, a new pediatric video laryngoscope, researchers randomized 60 infants undergoing elective surgery at a children's hospital in Philadelphia to intubation with the GlideScope or a conventional laryngoscope (Miller blade). Intubations were performed by one of two anesthesiologists, each of whom had performed >50 GlideScope intubations in infants.

Both groups had similar median intubation times (approximately 22 seconds) and success rates (about 95%). The GlideScope provided better glottic views than the conventional laryngoscope (median percentage of glottic opening scores, 100 vs. 80) and faster median time to best glottic view (8.1 vs. 9.9 seconds). Median time to passage of the endotracheal tube was longer with the GlideScope (14.3 vs. 8.5 seconds). No complications were noted with either device.

**Comment:** In this study of intubation of routine pediatric airways by experienced anesthesiologists, no clinically significant differences were noted between the GlideScope and direct laryngoscope. Pediatric video laryngoscopy is relatively new, and studies evaluating its role in both routine and difficult pediatric airways are needed.

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