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Intubation Success with Ketamine vs. Etomidate

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*Rapid sequence intubations performed using ketamine for sedation were just as likely to achieve first-pass success as those using etomidate.*

A recent study demonstrated that airway complications are more likely as the number of intubation attempts increases (*NEJM JW Emerg Med Dec 14 2012*). To compare first-pass success for emergency department intubations using etomidate versus ketamine, researchers retrospectively analyzed 5.5 years of data from a prospectively collected intubation database at a single academic center. These agents were used in 93% of intubations.

Among 2098 intubations included in the analysis, etomidate was used in 95%. First-pass success rates did not differ significantly between the etomidate and ketamine groups (77% and 79%). Patients intubated using ketamine were more likely to be female, <18 years old, and intubated for nontraumatic conditions or respiratory failure. They were less likely to be intubated using direct laryngoscopy or to have three or more difficult airway characteristics. Multivariate analysis controlling for these and other potential confounders demonstrated no significant difference between groups.

**Comment:** Although this was a retrospective, single-center analysis and the choice of induction agents could have been affected by a number of confounders, the authors controlled for the major potential confounders in the multivariate analysis. These data support the continued use of both etomidate and ketamine in appropriate patients undergoing rapid sequence intubation.

**Citation(s):**


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