

LETTERS

Experience With a Patient Having Multiple Gunshot Wounds in Combat

To the Editor: The Airtraq (King Systems Corporation, Noblesville, Indiana) was packaged and shipped via US Postal Service (Figure). The device was exposed to temperatures in excess of 100°F. When the device arrived in Iraq, the seal was intact, and the self-contained light source also was intact and working. No visible defects or mechanical problems were noted.

A male patient arrived via ambulance to the 948th Forward Surgical Team. Examination revealed multiple gunshot wounds to the chest, neck, arm, and the left flank. No medical history was available on the patient. Initial vitals were: blood pressure, 167/99 mm Hg; heart rate, 110/min, sinus tachycardia; respiratory rate, 18/min, shallow and rapid; and SpO₂, 97% on room air. The penetrating neck wound and existing hematoma showed moderate to severe airway compromise. Lung sounds were bilateral, no tracheal shift was present, and a chest radiograph indicated no pneumothorax. The neck wound was the first priority, and the decision was made to intubate electively before full airway compromise. Rapid sequence intubation with cricoid pressure was planned. The patient was given 0.4 mg intravenous (IV) scopolamine, 20 mg IV etomidate, and 100 mg IV

succinylcholine. At postintubation, the patient was given 10 mg IV vecuronium and 250 µg IV fentanyl.

With the potential difficult intubation and airway swelling, the decision was made to use the Airtraq for its first combat trial test. The cervical spine with in-line stabilization was maintained. With the patient anesthetized, the Airtraq was introduced into the airway with visualization of the cords. Moderate to severe swelling of the cords was noted with a large hematoma on the left side of the airway. An endotracheal tube introducer was mounted on the Airtraq through the respiratory channel. The endotracheal tube introducer was advanced past the periglottic hematoma and atraumatically introduced. An 8.0-mm



Figure. Airtraq, a compact, disposable optical laryngoscope, that can be used for routine and complex airways. (Photo courtesy of King Systems Corporation, Noblesville, Indiana.)

entotracheal tube was placed over the endotracheal tube introducer and advanced without difficulty. Bilateral breath sounds were confirmed, and the patient was prepared for rapid transfer to the operating room for stabilization surgery. The patient was eventually flown via helicopter to the next level of care. Follow-up with the patient at 72 hours revealed that his airway was maintained with the endotracheal tube, and the swelling had not decreased.

In this potentially difficult airway (airway hematoma and cervical spine precautions) in a combat zone from multiple gunshot wounds to the neck, the Airtraq proved to be a life-saving device. The Airtraq allowed for full visualization of the cords without altering cervical spine traction. With this particularly difficult airway, the initial intubation attempt needed to be the optimal attempt. It is our belief that the Airtraq, as an independent battery-operated device, is an invaluable tool for trauma airway settings.

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Disclaimer: This letter does not constitute endorsement of Airtraq in any manner or form by the US Army.