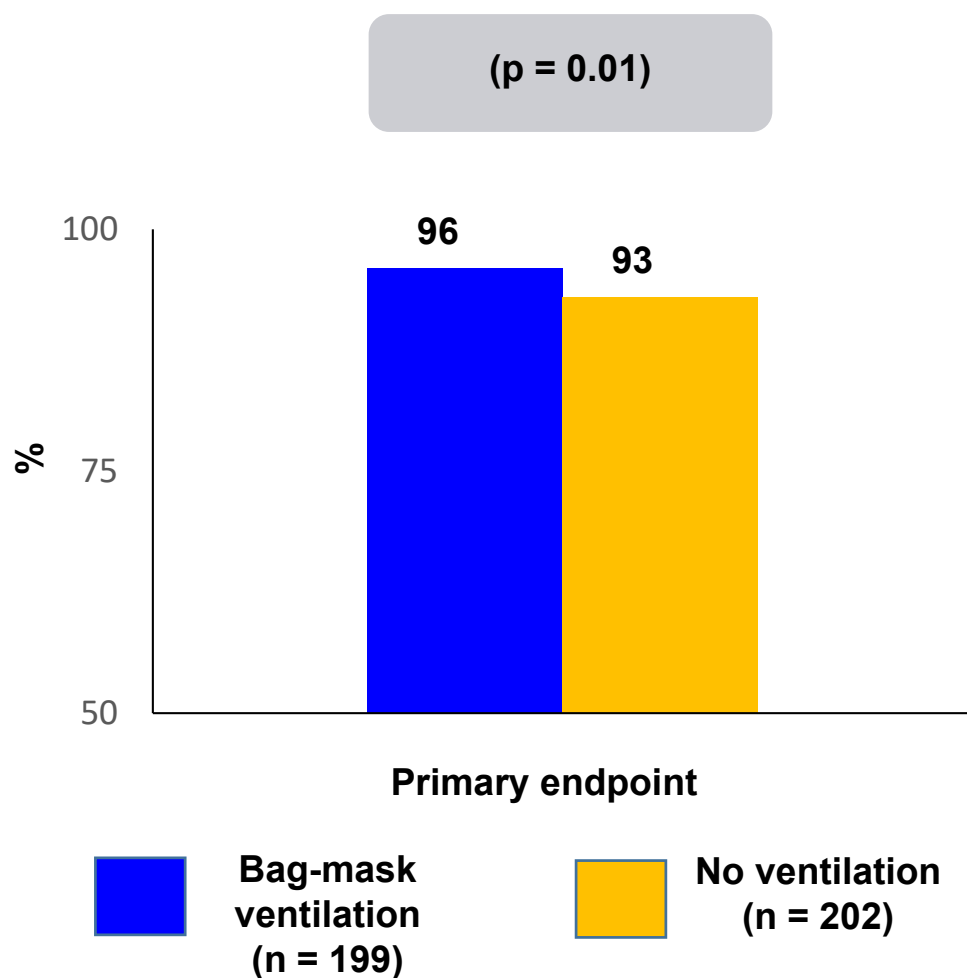


Trial Description: Critically ill patients undergoing endotracheal intubation were randomized to bag-mask ventilation during the interval from induction to laryngoscopy versus no ventilation during this interval.



RESULTS

- The primary outcome, the median lowest oxygen level observed between induction and 2 minutes after endotracheal intubation: 96% of the bag-mask group compared with 93% of the no ventilation group (p = 0.01)
- Severe hypoxemia: 10.9% of the bag-mask group versus 22.8% of the no ventilation group (p < 0.05)
- Operator-reported aspiration: 2.5% of the bag-mask group versus 4.0% of the no ventilation group (p = 0.41)

CONCLUSIONS

- Among critically ill patients undergoing endotracheal intubation, bag-mask ventilation was associated with higher oxygen levels and lower incidence of severe hypoxemia during the time of intubation
- Operator-reported aspiration was similar between groups

Casey JD, et al. N Engl J Med 2019;380:811-21