



## THE COLLEGE OF EMERGENCY MEDICINE

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### **Airway Management In The Emergency Department**

Dear Colleague,

Effective airway management is the first step in emergency care, and in the resuscitation of acutely ill and injured patients. Therefore, as the specialty of emergency medicine has matured, so increasing emphasis has been placed on the acquisition and practice of anaesthetic and critical care skills.

Significant progress has been made with the introduction of the "acute care common stem" training programme, which ensures that future emergency physicians have core skills in anaesthesia and critical care, and the College of Emergency Medicine continues to work with the Royal College of Anaesthetists and other relevant bodies to develop and improve the standard of emergency airway training and management using a collaborative and cooperative approach. A good example of this is the UK Training in Emergency Airway Management (TEAM) course, which from 2009 will be jointly run and "double-badged" by the two Colleges.

As a part of these ongoing developments, the College of Emergency Medicine is now seeking to identify a consultant in every ED in the UK who is willing to act as an "airway link" in the development and dissemination of effective emergency airway management in their own department. These link individuals do not need to be proficient in anaesthesia or critical care, but should have an interest in developing their service, and a willingness to communicate on airway issues from time to time. The commitment of this role will be minimal, but will allow the dissemination of useful data and relevant information in a powerful and timely way.

During September 2008 the Royal College of Anaesthetists will be launching its 4th National Anaesthesia Audit, to anonymously examine the major complications of airway management during anaesthesia. The College of Emergency Medicine has been invited to contribute, and I hope that it will prove possible to record major complications of airway management in the ED as well as operating theatre, thus establishing the

role of the emergency physician in airway management, and collecting valuable data for our specialty. Further information on this audit will be distributed over the next two months, but again minimal commitment will be required in order to realise a significant return.

If you would like to act as the consultant airway link for your ED please send your name, department and contact details to [cem@emergencymedicine.uk.net](mailto:cem@emergencymedicine.uk.net) or Mrs Gerardine Beckett at the College of Emergency Medicine. Or if you require any further information please contact me directly: [Jonathan.Benger@uwe.ac.uk](mailto:Jonathan.Benger@uwe.ac.uk)

I look forward to continuing to develop the standard of our clinical care and the strength of our speciality through progressive improvements in emergency airway care.

Yours faithfully,

Jonathan Benger.

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