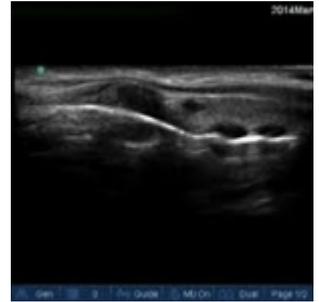


# Airway Ultrasound: Prime time or waste of time?

There are an increasing number of publications describing the role of POCUS in airway management. Is it a value added adjunct or a technology creep... "we're using it, it's available, let's do it". I'm not convinced at this stage. Perhaps there is a role for helping landmark the CTM however even here it is unclear whether the pre-RSI POCUS landmarked CTM will remain accurate once the patient has received a NMBA and various failed attempts at securing an airway.



Mark Vu one of our AIME instructors/scholars has this to say:

I don't believe in U/S for airway, but maybe that is just my secular approach to airway management. This journal article sums up my position on POCUS:

***British Journal of Emergency Ultrasonography 2016 Aug 26;***

**Heterogenous Content Upheaval Scans with Point Of Care UltraSound determine lunch bag continence for cycle commuting health care workers. M Vu, P Linden, J Thompson**

Loss of thermos contents in back packs during bicycle commutes is a common and preventable source of emotional morbidity in cycle commuting health care professionals. Causes of thermos-thermos lid discontinuity include silicone seal dehiscence, thermos hyperpressurization (if contents of thermos include carbonated hops based beverages), and iatrogenic causes (like when your kids mess with your stuff). Until recently, the only manner of diagnosing thermos incontinence was manual palpation of saturated back pack contents, resulting in Tourette like symptoms (Linden's sign) and partial thickness burns if lunch included tomato bisque. Ultrasound technology has rendered traditional tactile examination unnecessary thanks to the HeterOgenous Content Upheaval Scan with Point of Care UltraSound, or HOCUS POCUS. Ultrasound based diagnosis of lunch thermos incontinence was compared to the tradition dump-bag-out-and-see-what-is-wet approach. With >20% thermos souparrhea into the back pack, hyper echoic fluid levels are easily evident in the low lumbar bag region posteriorly creating a soup-precious paperwork fluid interface. Larger amounts of free fluid/soup can be percussed and a fluid wave is visible on ultrasonography (Thompson wave). We propose the three-fold findings of 1) transudative stains at the base of the lunch bag, 2) foul odor that reminiscent of 20 year old paramedic's boots, and HOCUS POCUS positive exam be henceforth named Benoit's triad, and is pathognomonic for catastrophic (Class IV) thermos failure.

I have to agree with Dr Vu. We will have to await further evidence and arguments supporting the use POCUS for airway management. There are plenty of airway technology and skill gaps that require attention before we consider adding this skill as a value added adjunct to airway management at this stage. Oh and take care of your thermos.