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Preface

Respiratory emergencies



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The unofficial mantra of the specialty of emergency medicine is “A-B-C: airway, breath sounds, circulation.” Student and resident physicians in emergency medicine learn on day one that the initial approach to evaluating and managing every patient, especially unstable patients, begins with an assessment of the ABCs. It is notable that the first two letters in this mantra relate to the patient’s respiratory status. Indeed, respiratory status takes precedence above all, even the circulatory status. There is good reason for this: compromise of the airway and respirations is the leading cause of death in many conditions in emergency medicine (eg, trauma, drug overdose, multiple neurologic emergencies, anaphylaxis and other acute allergic conditions, thromboembolic disease, reactive airway disease).

This issue of the *Emergency Medicine Clinics of North America* focuses on the spectrum of life-threatening airway and respiratory emergencies that the practicing emergency physician faces every day. Topics include both upper and lower airway emergencies; management of the difficult airway with special intubation devices as well as noninvasive methods; and issues pertaining to adult patients, pediatric patients, and immunocompromised patients. We have attempted to create a comprehensive, cutting-edge, clinically focused review of all the important, must-know topics for emergency physicians. We hope that emergency physicians enjoy reading this issue as much as we enjoyed editing it.

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