Themes	Evidence	Study
Poor education, training and maintenance of competency	Paramedics, on average, attempt intubation on relatively few patients per year for a "technique where skills fade fast".	(Deakin et al., 2004)
	Training was focussed on simulation-based learning, not direct patient learning. It is assumed, perhaps incorrectly, that simulation training equates to clinical practice.	(Nørregaard et al., 2018)
	Intubation requires highly trained and experienced practitioners with constant training regimens. However, paramedic intubations are performed too infrequently to maintain optimal efficiency.	(Ruetzler et al., 2011)
	One of the "major challenges for paramedics" is obtaining sufficient training to safely perform intubation prehospitally.	(Breeman et al., 2020)
	Intubation requires highly skilled practitioners but infrequency of paramedic intubations results in "skill deterioration" and negatively affects patient outcomes prehospitally.	(Panchal et al., 2016)
Paucity of research and the need for more	While evidence is growing in the subject area, more quantitative research is required and larger studies commissioned to properly investigate paramedic intubation.	(Deakin et al., 2004)

	Only three studies – two of them old –found at the time of writing that adequately covered the topic area. Further exploration required.	(Nørregaard et al., 2018)
	The authors found the majority of intubation literature was centred around in-hospital intubation by anaesthesiologists with questionable transferability to ambulance nurses.	(Breeman et al., 2020)
	A "more thorough understanding" of the topic area is required as there was no literature found that fully examined the aims of the study, only described it.	(Panchal et al., 2016)
Prehospital intubation and poor patient outcomes	Prehospital intubation may cause an increase in morbidity and mortality due to hypoxia and common, unrecognised failures.	(Deakin et al., 2004)
	Intubation interrupting chest compressions for longer than five seconds presents a diminishing risk/reward ratio. There is no evidence to support "better neurological and survival outcome[s]" with intubation.	(Nørregaard et al., 2018)
	"In inexperienced hands and used irregularly" intubation "can cause substantial morbidity and mortality".	(Ruetzler et al., 2011)
	Multiple attempts in intubation associated with increasingly poor patient outcomes.	(Breeman et al., 2020)

	Prehospital intubation found to have worse patient outcomes in “similarly injured or critically ill” patients compared to Emergency Department intubations.	(Panchal et al., 2016)
Supraglottic devices are more effective at securing the airway than intubation	The LMA was more successful at securing the airway than intubation in a population of paramedics. Inexperienced practitioners exhibit more success with LMAs than intubation.	(Deakin et al., 2004)
	Various supraglottic airway devices were “easy to use and effective alternatives to [intubation]” with higher rates of success in inexperienced hands.	(Ruetzler et al., 2011)
	Supraglottic airway devices were used, along with bag valve masks, as backup airway techniques following recognised failure of intubation.	(Panchal et al., 2016)