Introduction:
Video Laryngoscope was used as an alternative to intubate in the Emergency room, designed for tracheal intubation more success.

Methods:
We performed a prospective randomized controlled trial study of 158 patients who had sign of respiratory failure or met indication for intubation from July 2015 to June 2016. Patients were randomly by SNOSE technique; assigned to Video laryngoscope first or Direct laryngoscope first. We collect the Demographics, Difficult Intubation Predictor, Rapid Sequence Intubation, attempt, Cormack-Lehane view and immediate complication. Primary outcome was first attempt success rate of intubation.

Results:
First attempt success rate of Video laryngoscope was 73.1% trend to better than Direct laryngoscope was 58.8%, (P=0.06), Good Glottic view (Cormack-Lehane view 1-2) of Video laryngoscope was 88.5% better than Direct laryngoscope 71.3%, and statistically significant (P=0.03), no statistical significant in immediate serious complication between Direct laryngoscope or Video laryngoscope.

Conclusion:
Compared to the success rate between using Video laryngoscope or Direct laryngoscope for intubation, Video laryngoscope trend to better success rate, and better glottic view.

References: