Air embolism carries a high mortality rate, and considering potential predictors of mortality can help prognosticate patients’ outcomes.

**BACKGROUND**

Air Embolism is a rare but fatal condition:
- Complicates 2.65 per 100,000 hospitalizations and 0.2% to 1% central line placements.
- Mortality rate is 21%
- Defined as a never event by CMS
- Air embolism-induced pulmonary edema is established in the past studies, but no previous large-scale study related to ARDS

**RESULTS**

Out of the 3505 hospitalizations with air embolism, 525 (15%) of them resulted with death. The mean age was 55 (survived) vs 62 (died) (p value<0.001).

No significant difference in in-patient mortality associated with air embolism between different races or genders was found(p=0.77, p=0.356, respectively).

Figure 1 depicts the adjusted odds ratios for comorbidities as predictors of mortality.

**CONCLUSION & LIMITATIONS**

- In-hospital mortality is associated with respiratory failure and ARDS. Considering the suggested theory of inflammation triggered by air embolism further studies investigating the relationship between ARDS and air embolism might be helpful.
- Shock, cardiac arrest, and AKI were also associated with higher mortality consistent with previous studies.
- The NIS data lacks a present on-admission flag; No discrimination between comorbidities and complications.

**REFERENCES**