

SURGICAL CRICOTHYROTOMY

INDICATIONS

Unable to protect the airway or manage oxygenation and ventilation with other airway procedures.

PROCEDURE

1. Identify landmarks (remove front panel of C-collar, if present, while maintaining C-spine stabilization).
2. Prepare area with chlorhexidine.
3. Make a generous (up to 2-inch) superficial midline vertical incision through the skin, over the expected position of the cricothyroid membrane.
4. Use a curved Kelly hemostat to blunt dissect and expose the cricothyroid membrane.
5. Pierce the cricothyroid membrane with the Trach hook and rotate the handle toward the head of the patient, applying gentle traction. Ask your assistant to hold it and maintain vertical cephalad traction.
6. Using a number 11 scalpel, incise the cricothyroid membrane transversely, long enough to allow for introduction of an endotracheal tube.
7. Place a bougie into the incision.
8. Advance an endotracheal tube over the bougie into the trachea to the depth indicated by the black mark on the tube. (Make sure all the air is withdrawn from the cuff prior to placement to avoid a ballooning of the cuff as it is passed into the trachea.)
9. Confirm placement.
10. Have your assistant pass the handle of the Trach hook to you and remove gently.
11. Secure tube with commercial ET Holder.
12. Reapply cervical collar.