



# Cricothyrotomy - Surgical

## INDICATIONS:

Adult medical cases:

- Respiratory arrest or impending respiratory failure, especially in the setting of upper airway obstruction due to foreign body or infection, and; inability to ventilate by any means available.

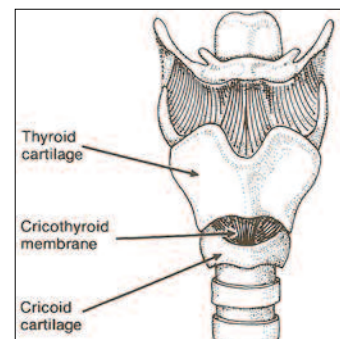
Trauma:

Advanced airway is required due to:

- Respiratory arrest, or; inability to maintain airway due to face, neck, or chest trauma, or; impending respiratory failure, and; inability to ventilate by mask or intubate trachea whether due to obstruction of airway, distortion of area, or inability to extend neck in cases of suspected spinal injury.

## CONTRAINDICATIONS:

**Patients under 12 years of age**



## PROCEDURE: (Paramedic provider skill only)

• Place patient in the supine position with the neck in a neutral position
• Palpate the cricothyroid membrane between the thyroid and cricoid membranes for orientation
• Cleanse the area
• Stabilize the thyroid cartilage with non-dominant hand
• Use cricothyrotomy kit according to manufacturer's directions or make a vertical incision until the membrane is exposed. Carry the incision in each direction until the total length is approximately 2 cm
• Make horizontal incision through the membrane approximately 1 cm. Insert the scalpel handle and rotate 90° to the incision; open the airway
• Insert a size 5 cuffed ET tube or tracheostomy tube into the airway, directing the tube into the trachea in a manner similar to the insertion of a pediatric OPA: sideways and then rotating to avoid false passing the tube. ET tube should only be inserted until the bulb passes through the membrane
• Ensure you have not false passed the endotracheal tube outside of the trachea
• Inflate cuff and ventilate the patient
• Observe lung inflations and auscultate chest for adequate ventilation
• Secure tube to prevent inadvertent dislodging
• Evaluate the response in the patient. Assess breath sounds, oxygen saturation, general appearance of the patient, monitor capnography, pulse oximetry, and cardiac status
• Observe closely for signs of complication. Document time and response on patient care report (PCR)
• Consider transport to closest hospital if difficulty is encountered