



Section 14: Appendix 2: Medical Procedures

SECTION 14: CRICOTHYROTOMY - QUICKTRACH

P PARAMEDIC P

INDICATIONS	SIGNS AND SYMPTOMS	COMPLICATIONS
<ul style="list-style-type: none"> • Management of an obstructed airway when standard airway procedures cannot be accomplished or have failed • Unable to intubate by another route • Cervical spine injuries • Maxillo-facial trauma • Laryngeal trauma / edema 	Airway obstruction from: <ul style="list-style-type: none"> • Edema from infection, caustic ingestion, allergic reaction, and / or inhalation injuries • Foreign body • Mass lesion 	<ul style="list-style-type: none"> • Post procedure bleeding • Cellulitis of neck • Subcutaneous emphysema • Voice change • Feeling of lump in throat • Persistent stoma • Obstructive problems • Misplacement of the airway

THE QUICKTRACH PROCEDURE IS FOR PARAMEDICS TRAINED IN THE PROCEDURE ONLY

This procedure will provide OXYGENATION and life sustaining VENTILATION in an emergency.

PROCEDURE

1. If time permits, prep with appropriate antiseptic solution.
2. Have suction supplies available and ready.
3. Locate the cricothyroid membrane utilizing anatomical landmarks.
4. Secure larynx laterally between thumb and forefinger.
5. Relocate the cricothyroid membrane (in the midline between thyroid cartilage and cricoid cartilage).
6. Using the syringe and the finder needle supplied in the QuickTrach kit, insert the needle through the cricothyroid membrane at a 45 to 60 degree angle toward the feet.
7. Confirm entry of needle in trachea by aspirating air through the syringe.
8. If air is present, change the angle of insertion to 60 degrees.
9. Advance the device to the level of the stop guide.
10. Remove the stop guide and slide the plastic cannula along the needle into the trachea until the flange rest against the neck.
11. Carefully remove the needle and syringe.
12. Secure the cannula with the provided anchoring device.
13. Attach the connecting tube to the 15mm connection.
14. Attach a BVM to the connecting tube.
15. Confirm placement by auscultation and observing patient for adequate chest rise. Make certain ample time is used not only for inspiration but expiration as well.
16. If unable to obtain an adequate airway, resume basic airway management and transport the patient as soon as possible.
17. **Regardless of success or failure of the placement of QuickTrach, notify the receiving hospital at the earliest possible time of a surgical airway emergency.**
18. Document procedure on the patient care record (PCR).

KEY POINTS

Guidelines for Sizing

- Adult (4.0 mm) QuickTrach: Any patient greater than 100 pounds (45kg) and greater than 8 years in age.
- Use a scalpel to make a *VERTICAL MIDLINE* incision over the cricothyroid membrane if the landmarks are difficult to identify. Once identified, use the QuickTrach as noted above.