

CRICOTHYROTOMY

1. Level: Paramedic, RN
2. Indications:
 - 2.1. Inability to ventilate and oxygenate the patient due to a failed or contraindication to an oro/nasotracheal intubation or placement of a supraglottic airway.
 - 2.2. Inability to ventilate and oxygenate the patient due to an upper airway obstruction
3. Procedure:
 - 3.1. Have suction supplies available and ready.
 - 3.2. Locate the cricothyroid membrane utilizing anatomical landmarks.
 - 3.3. Use the non-dominant hand to secure the membrane.
 - 3.4. Prep the area with antiseptic swab.
 - 3.5. Using a 10-cc syringe attached to the 14 gauge catheter-over-needle device, insert the needle through the cricothyroid membrane at a 45 to 60 degree caudal angle.
 - 3.6. Aspirate for air with the syringe throughout the procedure.
 - 3.7. Once air returns easily, stop advancing the device and remove the needle.
 - 3.8. Attach jet ventilation device (universal adapter off of a # 3 Rusch ET tube) to port of device used in step 3.5 above. If jet ventilation is not available, attach a 10 cc syringe to the 14 gauge catheter, then place a “cuffed” tube inside of the 10 cc syringe and inflate it. Attach a bag valve mask to the ET tube and ventilate. (Note: When ventilating through a 14 gauge catheter remember to apply slow steady pressure to properly empty the bag. If you attempt to force air into the catheter it will be very difficult to accomplish.)
 - 3.9. Assess breath sounds. Make certain ample time is used not only for inspiration but expiration as well.
 - 3.10. Secure needle by best method available, recognizing that this method may be direct hands-on control of the device throughout the entire transport.
 - 3.11. Monitor oxygen saturation and end tidal carbon dioxide level.
 - 3.12. If unable to obtain an adequate airway, resume basic airway management and transport the patient as soon as possible.
 - 3.13. Regardless of success or failure of needle cricothyroidotomy, notify the receiving hospital at the earliest possible time of a surgical airway emergency.
 - 3.14. Document time/procedure/confirmation/change in patient condition/time on the electronic Patient Care Record (ePCR).