

QUICKTRACH II

1. Level: Air Med personnel only
2. Purpose: To obtain an emergency airway when all other options have been exhausted.
3. Indication:
 - 3.1. Inability to ventilate and oxygenate the patient due to a failed or contraindication to an oro/nasotracheal intubation or placement of a supraglottic airway.
 - 3.2. Inability to ventilate and oxygenate the patient due to an upper airway obstruction.
4. Contraindications: Pediatric patient.
5. Procedure:
 - 5.1. Ensure PPE is worn including gloves and eye protection.
 - 5.2. Have suction supplies available and ready.
 - 5.3. Locate the cricothyroid membrane utilizing anatomical landmarks.
 - 5.4. Use the non-dominant hand to secure the membrane.
 - 5.5. Prep the area with antiseptic swab.
 - 5.6. Ensure the cuff on the Quicktrach II is inflating and holding pressure.
 - 5.7. Insert the Quicktrach II.
 - 5.7.1. At a 90 degree angle through the cricothyroid membrane while aspirating with the syringe that comes attached.
 - 5.7.2. Once air returns easily, stop advancing the device and pull the green tab until a click is heard or felt. This happens when the needle is retracted into the cannula.
 - 5.7.3. Angle the Quicktrach II to a 45-60 degree angle and continue to insert until you reach the red stopper.
 - 5.7.4. Remove the red stopper and continue to insert the cannula fully.
 - 5.8. Remove the needle fully and dispose of it properly.
 - 5.9. Inflate the cuff to the indicated pressure.
6. Attach extension tubing to BVM and to cannula hub.
7. Ventilate the patient assessing breath sounds.
8. Secure cannula using attached fabric.
9. Monitor SPO2 and ETCO2 levels.
10. Notify the receiving hospital at the earliest possible time.
11. Document time/procedure/confirmation/change in patient condition/time on the electronic Patient Care Record (ePCR).