**Cricothyrotomy/surgical**

**Clinical Indications**

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| * Management of an airway when standard airway procedures cannot be performed or have failed in a patient > 12 years-old. * Indications are also found in Failed Airway Guidelines (4001). * Failure to place BIAD or endotracheal tube in the presence of respiratory failure. * Facial trauma may necessitate surgical Cricothyrotomy. |

**PROCEDURE GUIDELINES**

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| **R- EMR** | **E – EMT** | **A- AEMT** | **P-PARAMEDIC** | **\*\*M-Medical Control \*\*** |

**\*\*\*Higher level providers are responsible for lower level treatments\*\*\***

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| * Have suction and supplies available and ready. Locate the cricothyroid membrane utilizing anatomical landmarks. Prep the area with an antiseptic swab (Betadine). * Attach a 5-cc syringe to an 18G - 1 & 1/2-inch needle. * Insert the needle (with syringe attached) perpendicularly through the cricothyroid membrane with the needle directed posteriorly. During needle insertion, gentle aspiration should be applied to the syringe. Rapid aspiration of air into the syringe indicates successful entry into the trachea. Do not advance the needle any further. Attach forceps and remove syringe. * With the needle remaining in place, make a 1-inch vertical incision through the skin and subcutaneous tissue above and below the needle using a scalpel. Using blunt dissection technique, expose the cricothyroid membrane. This is a bloody procedure. The needle should act as a guide to the cricothyroid membrane. * With the needle still in place, make a horizontal stabbing incision approx. 1/2 inch through the membrane on each side of the needle. Remove the needle. * Using (bougie, or gloved finger) to maintain surgical opening, insert the cuffed tube into the trachea. (Cric tube or a #6 endotracheal tube is usually sufficient). * Inflate the cuff with 5-10cc of air and ventilate the patient while manually stabilizing the tube. * Secure the tube. * http://www.mmh.org.tw/taitam/csc/pic/cricoid.jpgDocument ETT size, time, result (success), and placement location by the centimeter marks either at the patient's teeth or lips on/with the patient care report (PCR). Document all devices used to confirm initial tube placement and after each movement of the patient. * http://www.merck.com/media/mmpe/figures/MMPE_06CRC_64_05_eps.gifConsider placing an NG or OG tube to clear stomach contents after the airway is secured. * Continue ventilation with 100 percent oxygen and periodically assess the airway. * Perform standard techniques for confirming tube placement (auscultation, rise and fall of chest, ETCO2 detector), and use Capnography (9002) and Pulse Oximetry (9001). * Document the procedure, time and results on the patient care report (PCR). | P |
| * **\*\*** Discuss results of surgical Cricothyrotomy with Medical Control once completed  **\*\*** | M |

**QA Parameters: 100% of surgical Cricothyrotomy procedures.**