



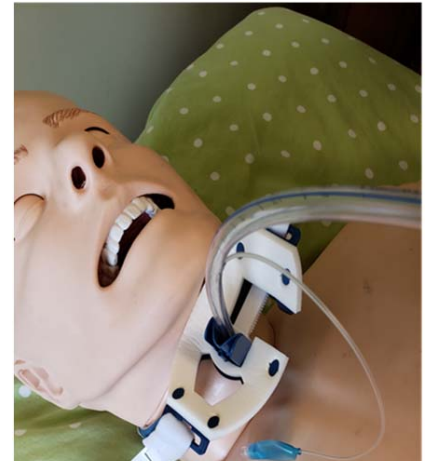
Surgical Cricothyrotomy

Paramedic

PROCEDURE

- ❑ Ensure that ventilation and oxygenation are not possible by other means.
- ❑ Prepare equipment.
- ❑ Locate landmarks – Thyroid prominence and cricoid ring.
- ❑ Clean area with alcohol.
- ❑ Make vertical 1.5 -2 inch incision from thyroid prominence towards clavicular notch.
- ❑ Expose cricoid cartilage and make a horizontal plunging cut with scalpel through membrane.
- ❑ Cut laterally in one direction, turn blade 180 degrees, and cut in the opposite direction.
- ❑ If needed, perform a blunt dissection with forefinger to widen the opening.
- ❑ Insert bougie inferior to scalpel blade, caudally and advanced until resistance is met.
- ❑ Remove scalpel and advance ETT over bougie until the cuff of the tube is through the opening.
- ❑ Remove bougie and attach BVM.
- ❑ Confirm placement of tube with waveform capnography – colormetric may be utilized as a backup.
- ❑ Secure tube with commercial device.

REFERENCE GRAPHICS



KEY POINTS

- Waveform capnography is required for all ETT tube confirmation along with continuous monitoring after the procedure.
- Procedure should only be performed if no other means of ventilating the patient is possible.
- Only for patients 12 years of age or older.
- Position your self on the same side of the patient as your dominant hand.
- This may be a blind procedure done with landmarks and palpation.

Equipment

- PPE
- #10 or #11 Scalpel
- Bougie
- BVM W/ ET/CO2
- 5.5 or 6.0 ETT
- 4X4s
- Suction

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