

# CRICOTHYROIDOTOMY PROCEDURE

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

## INDICATION

- Customary BLS/ ALS airway attempts are unsuccessful in ventilating patient
- Possible causes for complete airway obstruction include:
  - Fractured larynx
  - Facial burns involving the upper airway
  - Laryngeal edema
  - Laryngospasm
  - Massive facial trauma
  - Aspiration of a foreign body
  - Epiglottitis

## CONTRAINDICATIONS

- Ability to establish customary BLS/ ALS airway

## EQUIPMENT

- 14-gauge or larger over-the-needle catheter, 2¼ inches long
- 10 ml syringe
- Three- way stopcock
- High pressure insufflation system for oxygen delivery
- Iodine/ betadine swabs
- Suction equipment
- Tape
- Personal protection

## PROCEDURE

- Assemble all equipment, assemble oxygen delivery system
- Locate cricothyroid membrane
- Prep the skin
- Insert needle into the cricothyroid membrane at a 90 degree angle and push the needle at 45 degree angle toward the feet.
- Push the needle until it “pops” into the trachea.
- Aspirate for air to confirm position in the airway.
- Advance the catheter over the needle, holding needle stationary until catheter hub rests against the skin.
- Hold needle firmly and remove syringe
- Reconfirm position of catheter and hold in place
- Attach oxygen delivery system and begin oxygen administration
- Secure catheter

## SPECIAL CONSIDERATION

- Each use or attempted use of the procedure will be subject to review by the provider Medical Director. Review shall include the following:
  - Appropriateness of use
  - Time intervals involved
  - Medical outcome
  - Presence or absence of related complications

**RELATED POLICIES/ PROCEDURES**

- Skills Refresher Program 4300
- Ambulance Supply and Equipment Requirements 5002
- Expanded Scope of Practice for EMT-P ALS PR 1