

A-P7 NEEDLE CRICOTHYROTOMY

STOP: Surgical Airways may ONLY be performed by paramedics who have documented training and competency in this skill via written confirmation from the medical director or designated surrogate.

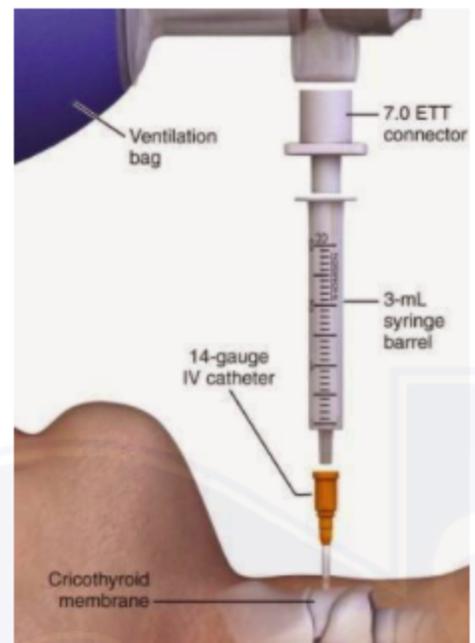
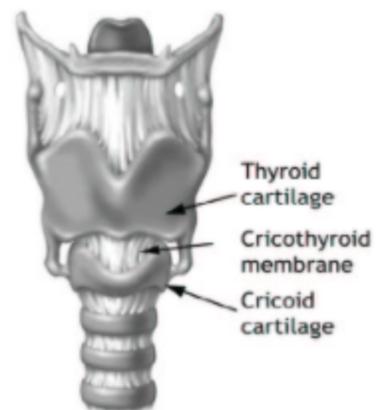
First Responder
EMT
AEMT
Paramedic

INDICATIONS

- A life-threatening condition exists AND adequate oxygenation and ventilation cannot be accomplished by other less invasive means. (see Failed Airway Guidelines [A-02])

PROCEDURE:

- Assemble equipment (attach angiocath to 3 mL syringe)
- Prep the skin using aseptic solution.
- Locate the cricothyroid membrane just distal (“down the hill”) from the tracheal cartilage.
- Insert the catheter through the skin and cricothyroid membrane into the trachea.
 - a. Direct the needle 45° caudally (toward the feet)
 - b. A “pop” should be felt when the needle penetrates the trachea.
- Aspirate, if air returns easily (or bubbles are seen if saline is used), the cath should be in the trachea.
- Advance the catheter flush to the skin while holding the needle in position, then withdraw the needle.
- Remove the plunger from the 3 mL syringe.
- Attach an ET tube adapter from a 7.5 ETT, this should fit snugly in the 3 mL syringe barrel.
- Attach an ambu-bag to the adapter and provide high-flow oxygen through the bag
 - a. May attempt to ventilate through the catheter or my use it as a passive oxygenation device.
- Confirm and document catheter placement by ETCO₂ device, rising pulse oximetry, etc.
- NEVER let go of catheter--there is no reliable way to secure it in place.
- Continually reassess oxygenation and catheter position.



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EQUIPMENT *(sizes may vary depending on manufacturer):*

- 14 - 16 ga catheter over needle
 - i.e. angiocath for needle decompression (adjust size for pediatric patients)
- 3 mL syringe
- Tube adaptor from a 7.5 ETT (piece that attaches to the ambu-bag)
- Ambu-bag

NOTES:

- Needle cricothyrotomy is a difficult and hazardous procedure that is to be used only in extraordinary circumstances. The rationale for this procedure must be documented in the PCR, and submitted for review to the EMS Medical Director within 24 hours .
- Every effort should be made to effectively oxygenate and ventilate the patient before attempting needle cricothyrotomy.

QI Review Parameters:

1.