

7.05 NEEDLE CRICHOthyROTOMY

INDICATION

Life threatening upper airway obstruction where all other BLS and ALS maneuvers and techniques have failed.

EQUIPMENT

- #10 gauge angiocath or commercial cricothyrotomy needle
- Adaptor for ETT – BVM or
- Jet Insufflation Device

PROCEDURE

1. Locate the cricothyroid membrane and prep area.
2. Extend the neck to bring the membrane anterior.
3. Insert #10 gauge angiocath or commercial cricothyrotomy needle through membrane at 50 degree angle to the feet. Ensure 10cc syringe is attached
4. May consider using second angiocath, in the same puncture site, for expired air outlet.
5. Aspirate air during the insertion to confirm placement in the trachea.
6. Once air has been aspirated, advance the catheter towards the feet while withdrawing the needle.
7. Attach the adaptor to the end of the angiocath or commercial cricothyrotomy needle.
8. Hyperventilate as rapidly as possible using the BVM.
9. A jet insufflation device shall be used at a ratio of one (1) sec of inflation to five (5) sec of exhalation. Set pressures to 50 for adults; 20 for children
10. If the airway pressure progressively increases with each insufflation, then briefly disconnect to allow for exhalation or insert second catheter for exhalation port.
11. If subcutaneous emphysema occurs, stop insufflation and attempt second catheter placement.