**INDICATION**

- Adult patients where life threatening upper airway obstruction where BLS/ALS airway procedures have failed.

**PROCEDURE**

- Place the patient in a supine position. If spinal precautions are indicated, maintain the neck in a neutral position.
- Locate the cricothyroid membrane.
- Prep the skin of the anterior neck.
- Stabilize the cricoid cartilage and palpate the cricothyroid membrane.
- Place the needle of the QuickTrach® Cricothyrotomy unit in the midline and perforate the soft tissues of the neck at a right angle.
- Keep aspirating while advancing the unit into the trachea.
- Once air is easily aspirated, incline the unit at a 45° angle, pointing the distal end of the needle toward the feet.
- Advance it further into the trachea until the stopper meets the skin.
- Remove the stopper.
- Hold the steel needle and advance only the plastic cannula.
- Withdraw the steel needle and advance the plastic cannula until the fixation flange rests on the skin.
- Secure fixation flange with the padded strap.
- Attach connecting tube to the 15 mm connector on the plastic cannula.
- Connect other end to BVM and ventilate.
- Auscultate the lungs to ensure ventilations are effective.

**KEY CONCEPTS**

- Use **Waveform Capnography AP-12** throughout.
- Be aware of possible complications associated with procedure:
  - Localized bleeding.
  - Esophageal perforation.
  - Subcutaneous emphysema.
  - Pneumothorax.
  - Obstruction or kinking of the catheter.