



Needle Cricothyrotomy

ALS PROCEDURE AP-03

INDICATION	<ul style="list-style-type: none">• Adult patients where life threatening upper airway obstruction where BLS/ALS airway procedures have failed.
PROCEDURE	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Use Waveform Capnography AP-12 throughout.• Be aware of possible complications associated with procedure:<ul style="list-style-type: none">• Localized bleeding.• Esophageal perforation.• Subcutaneous emphysema.• Pneumothorax.• Obstruction or kinking of the catheter.