

SPECIAL PROCEDURES
S4 / NEEDLE CRICOTHYROTOMY

JUNE 1, 1996

Procedure should be limited to cases of complete airway obstruction unrelieved by usual protocols, including use of Magill forceps, or precluded by massive facial injuries.

- Identify the cricothyroid membrane, 2 to 3 cm inferior (below) the notch of the thyroid cartilage. It will feel like a depression in the space between the thyroid and cricoid cartilages.
- If possible, prep the site in a sterile manner
- Insert a 10 – 14 gauge catheter-over-needle device into the midline of the cricothyroid membrane with continuous suction on a connected syringe. Aspiration of air means the needle is in the airway.
- Withdraw the needle and secure the catheter;
- Connect the needle hub to a 50 psi OXYGEN source with a 3-way stopcock open to all ports. Inspiration and expiration will be controlled by covering and uncovering the open port;
- If the airway is not established, or subcutaneous air is noted, withdraw the catheter and re-attempt the procedure.

Disrupted Communications - In the event of a "disrupted communications" situation, the EMT-P in Solano County may utilize all portions of this treatment protocol without Base Hospital Contact as is needed to stabilize an immediate patient.