

# Cricothyroidotomy

## Procedure

Douglas County KS EMS System

March 2022

**Approved Provider:** Paramedic

**Reference Protocols:** [Anaphylaxis](#), [Breathing Difficulty](#), [General Trauma](#)

### **Indications**

- Inability to open and maintain the airway by any other less invasive means

### **Contraindications**

- Less than 10 years old (refer to Transtracheal Jet Insufflation)
- Unable to locate landmarks

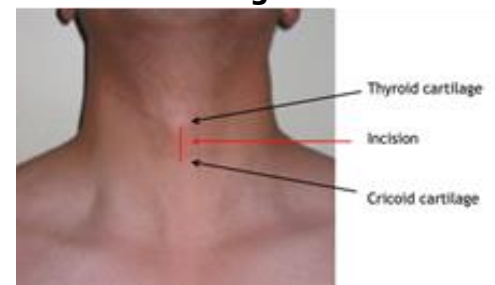
### **Precautions**

- Hemorrhage may be severe if the thyroid, Arteries, or veins are perforated or lacerated

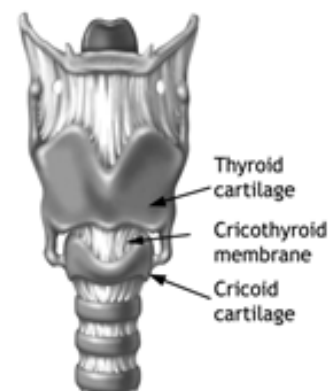
### **Procedure (Fig. 1, 2, & 3)**

- Gather supplies as below or use kit (Fig. 3)
  1. Scalpel
  2. 5.5 or 6.0 cuffed ET tube
  3. Sterile gauze sponges
  4. Betadine prep
  5. Hemostats
- Locate the cricothyroid membrane
- Prepare the skin
- Scrub with alcohol prep as time permits
- Incise the skin and cricothyroid membrane
- Make vertical cut through the skin (Fig. 1)
- Spread the skin and locate the cricothyroid membrane (Fig. 2)
- Make horizontal cut through the cricothyroid membrane
- Enlarge and maintain opening
- Insert the largest cuffed ET tube possible
- Inflate ET tube cuff
- DO NOT LET GO OF THE ET TUBE
- Ventilate patient with BVM and 100% O<sub>2</sub>
- Confirm placement as per protocol
- Cover incision with sterile dressing and secure tube

**Fig. 1**



**Fig. 2**



**Fig. 3**



### **Complications**

- Bleeding
- Massive subcutaneous and/or mediastinal emphysema
- Esophageal injury
- Tension pneumothorax

### **Documentation**

- Indications for procedure
- Description of procedure
- Equipment used
- Response to procedure