

Surgical Cricothyrotomy Bougie Assisted — ADULT

Written notification will be provided to the Medical Resource Hospital's EMS Medical Director, Hospital EMS Coordinator, and Bureau of EMS within 48 hours of an event. Use of this procedure documented under "Procedures Used" in the Patient Care Report constitutes notification of the Bureau of EMS.

PARAMEDIC - PREREQUISITE REQUIRED— ADULT

INDICATIONS:

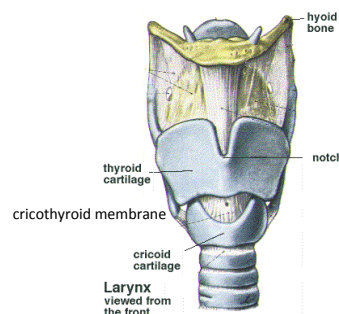
Inability to adequately oxygenate and ventilate using less invasive methods

CONTRAINDICATIONS:

- Ability to oxygenate and ventilate using less invasive measures
- Age less than 12 years old

EQUIPMENT:

- Chlorhexidine
- #10 blade scalpel
- Bougie
- 6.0 mm endotracheal tube
- 10ml Syringe
- BVM
- Quantitative ETCO₂



PROCEDURE:

1. Position the patient supine and extend the neck as needed to improve anatomic view.
2. Prep neck with Chlorhexidine
3. Using your non-dominant hand, stabilize the larynx and locate the following landmarks: thyroid cartilage (Adam's apple) and cricoid cartilage. The cricothyroid membrane lies between these cartilages.
4. Make an approximately a 3cm vertical incision 0.5cm deep through the skin and fascia, over the cricothyroid membrane. With finger, dissect the tissue and locate the cricothyroid membrane.
5. Make approximately a 1.5cm horizontal incision through the cricothyroid membrane.
6. With your finger, bluntly dilate the opening through the cricothyroid membrane.
7. Insert the bougie curved-tip first through the incision and angled towards the patient's feet.
8. Advance the bougie into the trachea feeling for "clicks" of tracheal rings and until "hangup" when it cannot be advanced any further. This confirms tracheal position.
9. Advance a 6.0 mm endotracheal tube (ensure all air aspirated out of cuff) over the bougie and into the trachea.
10. Remove bougie while stabilizing ETT ensuring it does not become dislodged
11. Inflate the cuff with 5 – 10ml of air.
12. Confirm appropriate proper placement by symmetrical chest-wall rise, auscultation of equal breath sounds over the chest and a lack of epigastric sounds with ventilations using bag-valve-mask, condensation in the ETT, and quantitative waveform capnography.
13. Secure the ETT.
14. Reassess tube placement frequently, especially after movement of the patient.
15. Ongoing monitoring of ETT placement and ventilation status using waveform capnography is required for all patients.

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