

# NEEDLE CRICOTHYROTOMY

## INDICATIONS

- Respiratory obstruction
- Anaphylaxis
- Traumatic airway
- Suspected croup
- Epiglottitis with airway obstruction
- Failed endotracheal intubation “with” inability/contraindication to use supraglottic airway

## CONTRAINDICATIONS

To be done with caution in patients:

- less than 8 years old or
- suspected barotrauma

## EQUIPMENT

1. 10 or 14 gauge angiocath
2. 10 ml syringe
3. 3.0 or 3.5mm ET tube adapter

## PROCEDURE

1. Hyperextend neck unless suspected neck trauma.
2. Identify thyroid cartilage and cricoid cartilage. Locate cricothyroid membrane located between these two landmarks.
3. Use angiocath attached to a 10cc syringe; insert catheter through the cricothyroid membrane at a 90 degree angle until a “popping” sensation is felt.
4. Aspirate air to verify placement.
5. Remove syringe; advance catheter tilting it at a 30 degree angle, aiming towards the feet. Remove the needle while advancing the catheter.
6. Once in place, reconnect the syringe and re-verify placement (Should aspirate air easily.)
7. Connect adapter from 3.0 or 3.5 ET tube to angiocath.
8. Attach bag valve mask and initiate ventilation; you will have difficulty ventilating due to narrowed airway.
9. Auscultate breath sounds.
10. May repeat for total of 2 attempts. Transport with catheter in place.

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