

	05-0415	Surgical Cricothyrotomy
Nor-Cal EMS Policy & Procedure Manual	BLS/ALS Protocols	
Effective Date: 10/01/2020	Next Revision: 10/01/2023	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Authority

Business and Professions Code, Sections 27525 and 2732. California Health and Safety Code, Division 2.5, Sections 1797.1, 1797.56, 1798.107, et al...

Policy

To establish criteria and standards for the performance of surgical Cricothyrotomy by the field MICN.

Circumstances:

1. Setting - Prehospital (air or ground) prior to base contact.
2. Supervision – review of all field reports by the base Medical Director when this procedure is performed.

Definition

Performance of a surgical Cricothyrotomy to the trachea to relieve complete airway obstruction.

Patient Condition

1. Total airway obstruction following unsuccessful attempt to remove obstruction, see policy: [05-0402 Adult Airway Obstruction](#).
2. Massive facial trauma in patients who cannot be intubated by either oral or nasotracheal means.
3. Injury to the trachea/larynx in patients who cannot be intubated by either oral or nasotracheal means.
4. Airway obstruction due to infection.

Contraindications

None. BHPO for surgical Cricothyrotomy for patients < 8 years of age.

ALS Procedure

Assessment/treatment indicators

1. Subjective: Not applicable, patient will be unconscious.
2. Objective: Absence of lung ventilation evidenced by absent breath sounds or if ventilatory effort present, labored breathing attempts with accessory muscle use (retractions). If no ventilatory effort present, inability to move air past larynx by conventional methods.

Diagnosis

Complete airway obstruction.

Equipment and Treatment

See [05-0415 - Surgical Cricothyrotomy](#) protocol (and [05-0919 - Skills: Surgical Cricothyrotomy – Annual Competency](#)).

Possible complications

Patient conditions requiring consultation:

1. Hemorrhage.
2. False passage.
3. Suspected perforation of the esophagus.
4. Tracheal tear resulting in subcutaneous or mediastinal emphysema.

On-going patient evaluation:

1. Constant monitoring of cannula position is essential. Remove or reposition if no lung sounds or subcutaneous emphysema becomes evident over the anterior neck.
2. Frequent re-assessment of respiratory status.

Record Keeping

1. Tracheostomy tube size.
2. Indications for surgical Cricothyrotomy.
3. Time procedure was performed.
4. Difficulty with the procedure.
5. Breath sounds after procedure.
6. Oxygen delivered.
7. Cardiac Monitoring with pertinent monitoring strips, mounted.
8. Response to procedure.
9. Status during transport.
10. Status of tracheostomy tube at the receiving facility and name of physician who auscultated lung sounds

Requirements for RN

Education and Training

- A. Current California RN license and field MICN authorization.
- B. Current ACLS certification.

Initial evaluation

return demonstration of surgical Cricothyrotomy on model or live subject in the field to PLN of base hospital using policy:

[05-0919 Skills: Surgical Cricothyrotomy.](#)

Ongoing evaluation

1. Annual review of procedure and return demonstration.
2. Base hospitals will maintain a roster of MICN's qualified to perform this standardized procedure and individual copies of annual skill competency forms.