

	6303	Skills: Paramedic Mandatory - Cricothyrotomy		
		Nor-Cal EMS Policy & Procedure Manual		Training/Skills
		Effective Date: 10/01/2020		Next Revision: 10/01/2023
		Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

Authority: Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Provider Name: Provider's Signature:	Cert #: Provider Agency:
Validator's Name: Validator's Signature:	Date:

PERFORMANCE CRITERIA	MET (Initials)	NOT MET (Initials)	COMMENTS
1. States the indications, contraindications and complications. A. Prepares the equipment/medication. B. Inspects the package to check for expiration date. C. Checks that the balloon cuff and pilot balloon is intact and will not leak.			
2. Uses universal/standard precautions including infection control/ BSI precautions. A. Places the patient in a supine position. B. If not contraindicated (cervical injury) place the patient neck's in slight hyperextension.			
3. Locates and prepares insertion site at the cricothyroid membrane between the thyroid and cricoid cartilage of larynx. A. Prepares the skin in an aseptic manner. B. Right handed individuals should stand on the patient's right side to facilitate using their dominant hand to insert the device if possible. C. Non-dominant hand stabilizes the cricothyroid membrane between thumb and forefinger.			
4. Inserts the device at a 90-degree angle perpendicular to the skin (a smooth motion). A. Applies negative pressure to the syringe during insertion. B. Entrance of air into the syringe indicates that the needle is in the trachea. C. Consider using saline in syringe to be able to see bubbles. D. Assesses for hemorrhage or subcutaneous emphysema, which may indicate improper placement. E. Auscultates lungs while manually holding needle.			
5. Angles the device now at 60 degrees toward the carina and advances forward to the red stopper.			
6. Removes the stopper (holds firmly as to not advance device any further).			
7. Holds the device and syringe firmly and slides the plastic cannula into the trachea until flange rests on the neck, removing the device and syringe.			
8. Inflate the cuff using the 10 ml syringe.			
9. Dispose of the device in an appropriate container.			

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10. Secure the cannula with the included neck strap. A. Attaches 15 mm connecting tube to the trachea and BVM.			
11. Ventilate the patient with 100% oxygen. A. Ventilate the patient and assess the patient's status with continuous monitoring.			
12. Utilizes pulse oximetry and Waveform ETCO ₂ monitors.			
13. Continuously monitor for complications.			
14. Complications: A. Localized bleeding: control with direct pressure. B. Esophageal perforation: discontinue BVM/insufflation. C. Subcutaneous emphysema: discontinue BVM/insufflation. D. Pneumothorax: discontinue BVM/insufflation. E. Obstruction of catheter: adjust position or re-canulate.			