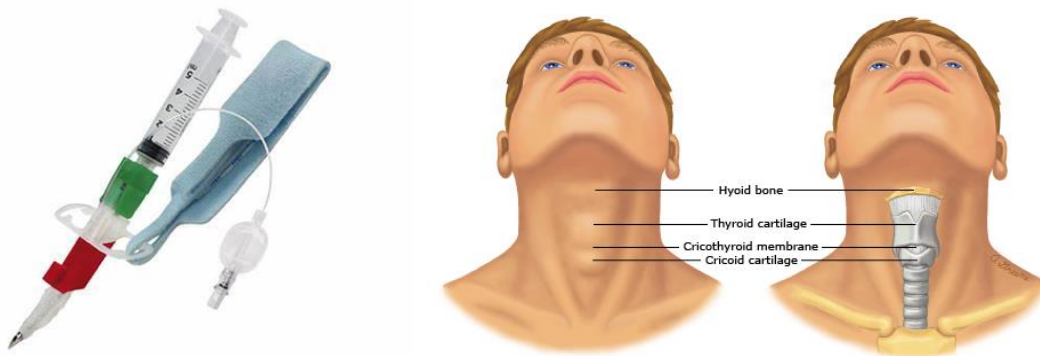
	1827	<b>ALS Needle Cricothyrotomy (Paramedic Scope ONLY)</b>
Nor-Cal EMS Policy & Procedure Manual	ALS Procedures	
Effective Date: 03/01/2025	Next Revision: 03/01/2028	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

INDICATIONS
<ul style="list-style-type: none"> <li>• Airway obstruction by uncontrolled bleeding into the oral cavity and/or vomiting.</li> <li>• Severe maxillofacial trauma - blunt, penetrating, or obvious/suspected mandibular FX.</li> <li>• A laryngeal foreign body that cannot be removed expeditiously.</li> <li>• Swelling of upper airway structures.</li> <li>• Infection (e.g., epiglottitis).</li> <li>• Allergic reaction or hereditary angioedema.</li> <li>• Chemical or thermal burns to the epiglottis and upper airway.</li> </ul>
CONTRAINDICATIONS
<ul style="list-style-type: none"> <li>• Patient age &lt;3 years or estimated weight &lt;15 kg.</li> <li>• Ability to maintain airway utilizing less invasive procedures.</li> <li>• Conscious patient.</li> <li>• Moving ambulance.</li> <li>• Patient has midline neck hematoma or massive subcutaneous emphysema.</li> <li>• Inability to identify landmarks</li> <li>• Tumor, goiter, or other underlying anatomical abnormality</li> </ul>
PRECAUTIONS
<ul style="list-style-type: none"> <li>• Be aware of possible complications associated with procedure: <ul style="list-style-type: none"> <li>- Localized bleeding.</li> <li>- Esophageal perforation.</li> <li>- Subcutaneous emphysema.</li> <li>- Pneumothorax.</li> <li>- Obstruction or kinking of the catheter.</li> </ul> </li> </ul>
PROCEDURE
<ul style="list-style-type: none"> <li>• Place the patient in a supine position. If spinal precautions are indicated, maintain the neck in a neutral position.</li> <li>• Locate the cricothyroid membrane.</li> <li>• Prep the skin of the anterior neck.</li> <li>• Stabilize the cricoid cartilage and palpate the cricothyroid membrane.</li> <li>• Place the needle of the QuickTrach II Cricothyrotomy unit in the midline and perforate the soft tissues of the neck at a right angle.</li> <li>• Keep aspirating while advancing the unit into the trachea.</li> </ul>

- Once air is easily aspirated, incline the unit at a 45° angle, pointing the distal end of the needle toward the feet.
- Advance it further into the trachea until the stopper meets the skin.
- Remove the stopper.
- Hold the steel needle and advance only the plastic cannula.
- Withdraw the steel needle and advance the plastic cannula until the fixation flange rests on the skin.
- Secure fixation flange with the padded strap.
- Attach connecting tube to the 15 mm connector on the plastic cannula.
- Connect the other end to BVM and ventilate.
- Auscultate the lungs to ensure ventilations are effective.



### KEY TAKEAWAYS

- Use Waveform Capnography throughout.