



1827

ALS Needle Cricothyrotomy (Paramedic Scope ONLY)

Nor-Cal EMS Policy & Procedure Manual

ALS Procedures

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SIGNATURE ON FILE

INDICATIONS

- Airway obstruction by uncontrolled bleeding into the oral cavity and/or vomiting.
- Severe maxillofacial trauma - blunt, penetrating, or obvious/suspected mandibular FX.
- A laryngeal foreign body that cannot be removed expeditiously.
- Swelling of upper airway structures.
- Infection (e.g., epiglottitis).
- Allergic reaction or hereditary angioedema.
- Chemical or thermal burns to the epiglottis and upper airway.

CONTRAINDICATIONS

- Patient age <3 years or estimated weight <15 kg.
- Ability to maintain airway utilizing less invasive procedures.
- Conscious patient.
- Moving ambulance.
- Patient has midline neck hematoma or massive subcutaneous emphysema.
- Inability to identify landmarks
- Tumor, goiter, or other underlying anatomical abnormality

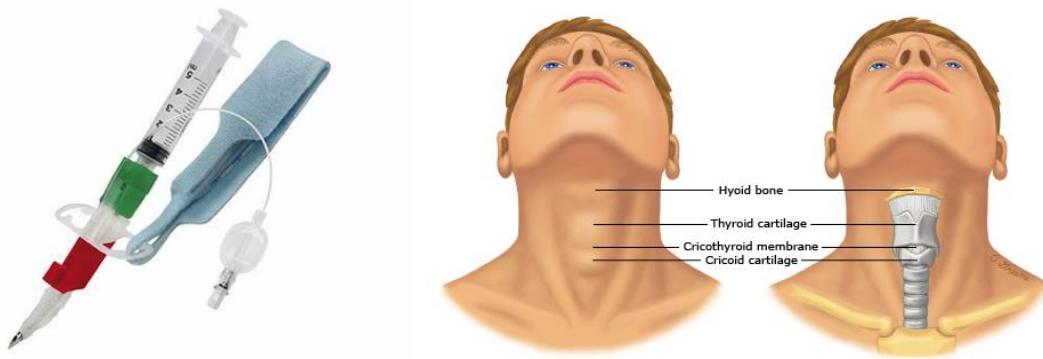
PRECAUTIONS

- Be aware of possible complications associated with procedure:
 - Localized bleeding.
 - Esophageal perforation.
 - Subcutaneous emphysema.
 - Pneumothorax.
 - Obstruction or kinking of the catheter.

PROCEDURE

- Place the patient in a supine position. If spinal precautions are indicated, maintain the neck in a neutral position.
- Locate the cricothyroid membrane.
- Prep the skin of the anterior neck.
- Stabilize the cricoid cartilage and palpate the cricothyroid membrane.
- Place the needle of the QuickTrach II Cricothyrotomy unit in the midline and perforate the soft tissues of the neck at a right angle.
- Keep aspirating while advancing the unit into the trachea.

- 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.