

Section: ALS Protocols  
Subject: CRICOTHYROTOMY – QUICK TRACH®  
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1. This device and procedure will only be performed by paramedics thoroughly trained in its use and certified by the HCFR Medical Director.
2. Cricothyrotomy procedures will only be used when all other means of obtaining an airway have been exhausted.
3. Quick Trach® sizing:
  - a. The adult size (4mm) shall be used for all patients of an adult size or who appear to weigh  $\geq 45$  kg (~100 lbs).
  - b. The pediatric size (2mm) shall be used on all patients who appear to weigh  $< 45$  kg (~100 lbs).
  - c. Consult with Medic-1 if unsure the patient is large enough for the device.
4. Technique for insertion:
  - a. Place the patient in a supine position and, if there is not potential for spinal injury, hyperextend the neck.
  - b. Don sterile gloves and clean the area with alcohol and Betadine®.
  - c. Locate the cricothyroid membrane, THIS IS YOUR PUNCTURE SITE.
  - d. Firmly hold the device and puncture the cricothyroid membrane at a 90° angle.
  - e. Check the entry of the needle into the trachea by aspirating air through the syringe.
    - i. If air is present, the needle is within the trachea.
  - f. Now change the angle of insertion to ~ 60° (needle tip towards the feet) and advance the device forward into the trachea to the level of the stopper.
  - g. Remove the stopper, hold the needle and syringe firmly, and slide the cannula along the needle until the flange rests on the neck.
  - h. Carefully remove the needle and syringe and secure the cannula to the neck with tape.
  - i. Apply the connecting tube to the 15 mm connection and connect the other end to the BVM.
  - j. Auscultate breath sounds.
  - k. Observe for change in ETCO<sub>2</sub> with ventilations.
  - l. Document thoroughly the circumstances in the ePCR.
5. Voicemail the Quality Management Chief for ALL uses of the device.
  - a. Additionally, notify the HCFR Medical Director for any difficulties in the application of this device.
6. QA points:
  - a. DO NOT use the QuickTrach® if you are ABLE to ventilate the patient by any other ALS or BLS airway technique.
  - b. The surgical approach is no longer an approved method of cricothyroidotomy for HCFR personnel.