

NEEDLE CRICOTHYROTOMY	
ADULT	PEDIATRIC (≤34KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Attempt BLS maneuvers for airway obstruction • Pulse Oximetry – O₂ administration per Airway Management Protocol #602 	
ALS Standing Orders	
<ul style="list-style-type: none"> • Position patient supine • Identify and clean cricothyroid membrane between thyroid cartilage and cricoid cartilage with povidone-iodine and alcohol • With finger marking cricothyroid membrane, stabilize the trachea • Insert large bore IV catheter (maximum 10 Ga.) with a syringe attached at a 45° angle towards the patients feet through the membrane while aspirating. Aspiration of air indicates entry into the trachea • Withdraw the needle, attach a cut 3 mm endotracheal tube and ventilate with BVM <ul style="list-style-type: none"> ○ Refer to manufacturer guidelines and follow specific directions if indicated • Secure tube and manually stabilize through transport • Assess and reassess lung sounds 	
Base Hospital Orders Only	
As needed	
Notes	
<ul style="list-style-type: none"> • Indications - upper airway obstruction resulting in severe respiratory distress not relieved by conventional airway maneuvers in accordance to Airway Management Protocol #602 <ul style="list-style-type: none"> ○ Epiglottitis ○ Fractured larynx ○ Facial burns with upper airway involvement ○ Laryngeal edema or spasm ○ Massive facial trauma • Equipment <ul style="list-style-type: none"> ○ Large IV catheter (10-12 Ga.) with a syringe ○ 3mm ET tube – cut distal end to make tube approx. 2" ○ Antiseptic products, povidone-iodine/alcohol swabs • Rapid transport with early notification • In the event of complications – remove and repeat procedure • Commercially available devices are allowed for use by County ALS agencies 	