



**Indications:**

- Can't Intubate – Can't Oxygenate
- Critical patient with severe maxillo-facial-trauma, anatomic distortion resulting in a life-threatening airway compromise.

**Contraindications:**

- No contraindication in the emergency setting

**Procedure:**

1. Prepare and assemble equipment.
2. If possible, hyperventilate the patient or hyperoxygenate with high flow nasal cannula
3. Disinfect the area of procedure.
4. For **Non-Traumatic** patients, hyperextend the neck.
5. Locate the cricothyroid membrane.
  - Place finger on thyroid cartilage ("Adams apple") and
  - Move finger down into soft depression between thyroid cartilage and cricoid cartilage (next firm "bump").
  - If unable to palpate, two fingerbreadths above the sternoclavicular notch should be identified and utilized.
6. Use scalpel at 90 degree angle to make a vertical incision over the cricothyroid membrane.
7. Bluntly dissect overlying tissue to expose cricothyroid membrane
8. Provide lateral retraction of the skin incision to expose cricothyroid membrane. Utilize Tracheal Hook if needed for retraction
9. Make a horizontal incision through the cricothyroid membrane. Immediately place finger into the airway
10. Introduce supplied bougie into trachea. Utilize Tracheal Hook if needed
  - Introduce 6.0 ETT over bougie into trachea until balloon is just inside cricothyroid membrane
11. Inflate ETT Cuff
12. Ventilate patient w/BVM and supplemental oxygen.
13. Verify Placement—Auscultation, ETCO<sub>2</sub>, SPO<sub>2</sub>, etc.
14. Secure Tube Appropriately
15. Apply ventilator for transport
16. Monitor ETT depth during transport to prevent dislodgement or R/L mainstem intubation