

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 02/01/04

Protocol: P-004.4

Supersedes:

NEEDLE CRICOTHYROIDOSTOMY

SUBJECTIVE FINDINGS

- Previous airway management interventions

OBJECTIVE FINDINGS

- Apnea.
- Hypoventilation.
- Inability to establish or maintain an airway utilizing other BLS or ALS techniques.

BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Routine Medical Care.• Pulse oximetry if available.• Attempt to preoxygenate patient with 100% oxygen and BVM if appropriate.• Assist with preparation of equipment if qualified.	<ul style="list-style-type: none">• Prepare equipment.• Place patient in supine position.• Protect C-Spine as necessary.• Locate cricothyroid membrane and prepare site.• Insert needle with transtracheal catheter.• Once in place, secure catheter and check for spontaneous respiration.• If absent, utilize manual jet ventilator at transtracheal pressures that will minimally cause chest rise (approximately 50 psi for adults and 20 psi for pediatric patients).• Reassess adequacy of ventilation and oxygenation every 5 minutes.

DOCUMENTATION

- Respiratory exam.
- Post-needle placement oxygen saturation.
- Previous unsuccessful airway maneuvers utilized prior to placement of needle.

PRECAUTIONS AND COMMENTS

- Complications of needle cricothyroidostomies include perforation of the posterior wall of the trachea, perforation of the esophagus, localized bleeding, tension pneumothorax and subcutaneous emphysema.
- Ventilation is likely to be poor.
- Contact with receiving hospital while enroute is mandatory to enable personnel to prepare advanced airway equipment and assemble personnel prior to patient arrival.