

**MEHLVILLE FIRE PROTECTION DISTRICT  
EMERGENCY MEDICAL SERVICES  
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

**SUBJECT: 600.05**

**AIRWAY MANAGEMENT:  
CRICOTHYROTOMY**

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Cricothyrotomy is a surgical procedure that allows for rapid entrance to the airway for ventilation and oxygenation in patients where other less invasive techniques have not been successful.

**Indications:**

It should be done in patients who fail intubation and can't be oxygenated or ventilated.

**Complications:**

1. Hypoxemia (due to prolonged time in performance).
2. Aspiration.
3. Misplacement.
4. Esophageal perforation.
5. Hemorrhage.
6. False passage.
7. Subcutaneous emphysema.
8. Vocal cord injury.
9. Carotid/jugular injury.

**Procedure:**

1. Cleanse the neck with alcohol or other antiseptic solution.
2. Identify the cricothyroid membrane.
3. Make a 2 cm. **vertical** incision through the skin and cricothyroid membrane with a scalpel.
4. Open the incision by inserting the handle of the scalpel and rotating 60 - 90 degrees.
5. Place the largest ET tube possible through the incision. Be careful not to place it too deeply.
6. Inflate the cuff and secure the tube in place.
7. Ventilate using bag valve mask and the highest available oxygen concentration.
8. Assess adequacy of ventilation through bilateral auscultation and observation of rise and fall of the chest.
9. Contact Medical Direction for any questions or concerns.
10. All surgical cricothyrotomies will be reported to the Assistant Chief of EMS and forwarded to the Medical Director for review.

**Cricothyrotomy Kits:**

Standard, pre-packaged kits with airways specially designed for emergency cricothyrotomy are acceptable if approved by the Medical Director. Crews must be trained to use the kits before they are placed into service.

**STANDARD PRECAUTIONS MUST BE OBSERVED.**