
ILLINOIS REGION 3 PROTOCOLS

CRICOTHYROTOMY (ALS)**I. INDICATIONS**

- A. Complete obstructed airway that cannot be relieved by Heimlich maneuvers or direct laryngoscopy
- B. Destructive facial injury precluding the use of advanced airway tubes
- C. Cyanosis
- D. Patient "in extremis"

II. CONTRAINDICATIONS

- A. When other techniques have not been attempted
- B. Patient under the age of 10

III. COMPLICATIONS

- A. Creation of a false passage
- B. Bleeding
- C. Laryngeal and vocal cord damage
- D. Subcutaneous emphysema
- E. Mediastinal emphysema
- F. Perforation of the esophagus

IV. Equipment

- A. Scalpel handle/blade
- B. 6.0-7.0 ET tube
- C. Povidone-iodine solution
- D. 10 cc syringe

OR

- E. Cricothyrotomy kit

- V. PROCEDURE (may vary according to equipment used)
- A. Take universal precautions
 - B. Place patient supine
 - C. Hyperextend the neck (unless cervical injury is suspected).
 - D. Identify the thyroid cartilage (Adam's apple), and the cricoid cartilage with the non-dominant hand.
 - E. Locate the cricothyroid membrane.
 - F. Prep the site with Povidine-iodine solution or alcohol.
 - G. Make a vertical incision through the skin and subcutaneous tissue approximately 2 cm long over the identified cricothyroid membrane.
 - H. Make a horizontal incision through the cricothyroid membrane itself approximately 1 cm long
 - I. Dilate the opening with scalpel handle or a Trousseau dilator
 - J. Insert the endotracheal tube through the opening
 - K. Inflate the cuff
 - L. Ventilate the patient and watch for chest rise
 - M. Auscultate over the lungs and stomach to verify tube placement. Use end tidal CO₂ detector device if available.
 - N. Secure the tube with tape or commercial device.

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