

### **Section 5.1.I Conduct Surgical Cricothyroidotomy**

**S** = Satisfactory | **U** = Unsatisfactory

<b><u>Orogastric tube insertion</u></b>	<b>S</b>	<b>U</b>	<b><u>Comments</u></b>	
1. Identify the cricothyroid membrane (CTM) and extend the neck as much as possible				
2. Aseptic technique (desirable				
3. Mark the desired length of the tube with a piece of tape				
4. Local anaesthesia if conscious. 2ml 2% lidocaine skin infiltration. Using orange needle puncture CTM in midline, confirm position (aspirate air) and inject 2ml 2% lidocaine into airway.				
5. Lubricate the bougie and preload with a 6.0mm cuffed ETT, ensure it passes freely up and down the bougie as it will be a tight fit				
6. Transverse incision through the skin and membrane about 1 – 2cm long -Adult:20 ml				
7. Assistant then insert tracheal dilators and dilates wound, it is best to spread the wound laterally as this avoids catching the bougie on the dilator during insertion				
8. Pass gum elastic bougie through incision and direct down towards the lungs, aim to keep the bougie as close to the chin as possible to prevent the bougie hitting the posterior wall of the trachea				

9. The bougie should advance easily once in the trachea until it hits the carina, withdraw slightly if it does hit the carina				
10. Advance ETT over bougie into trachea (this may take some force)				
11. Inflate cuff, carefully remove bougie without removing ETT and ventilate with self-inflating bag. Confirm position (end tidal CO2 and bilateral breath sounds)				
12. Secure in place				

Trainee: \_\_\_\_\_ Signature: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_