Front of neck access SOP

Great North Air Ambulance Service

Further reading

Difficult airway society guidelines 2015
RCoA NAP 4 Summary 2011
http://resus.me/procedures/surgicalairway/

Related SOPs

Prehospital emergency anaesthesia SOP	Paediatric PHEA SOP

Indications

Patient is in extremis with a compromised airway

AND

Without immediate intervention the patient may die

AND

Unable to establish and maintain an airway with non-surgical methods

The technique of choice is a surgical cricothyroidotomy using the scalpel-bougie-tube technique

Paediatric considerations

- Infants up to 1 year of age will require direct visualisation of the tracheal wall using a surgical tracheostomy technique
- Between 1 and 5 years of age, if the cricothyroid membrane is palpable, a surgical cricothyroidotomy should be used. Otherwise, they will require a trachesotomy technique as above
- Over 5 years of age, a surgical cricothyroidotomy is appropriate

An appropriate sized endotracheal tube should be used in paediatric cases, and this may need to be a size smaller than the standard tube for that age group.

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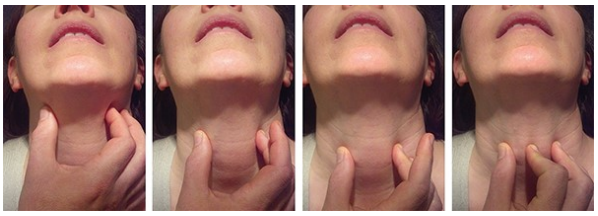
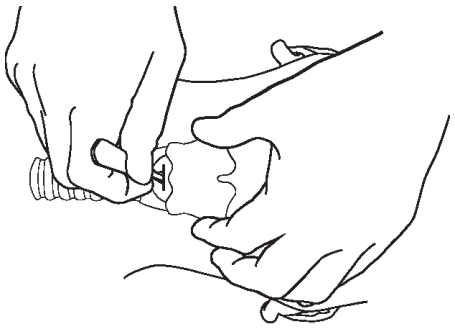
1. Suitable PPE including gloves and eye protection

2. Identify the cricothyroid membrane - the ‘laryngeal handshake’



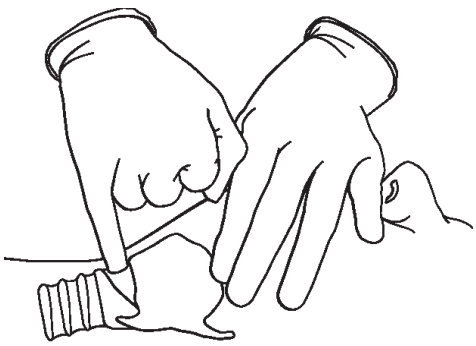
3. Aseptic technique where possible. Consider need for local anaesthetic

4. **If CTM palpable**, single transverse incision through skin and membrane



5. **If CTM not palpable**, use initial vertical incision through skin only to identify CTM, then proceed with transverse incision as above

6. Rotate scalpel blade through 90 degrees. **Remove the blade** and immediately insert finger to dilate and also to feel for confirmation that the trachea has been entered.



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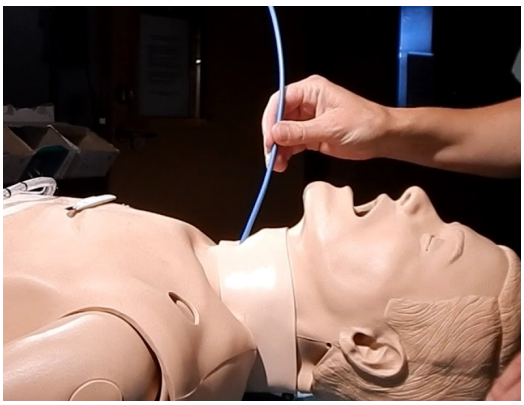
7 Use finger to help guide bougie into trachea, directed towards the lungs. Bougie should move without resistance until it reaches the carina.



8 Railroad a small endotracheal tube - usually 6.0mm in an adult. Take care not to insert a the tube too far into a main bronchus. Inflate cuff and secure the position by keeping hold of it.

9 Perform gentle ventilations through the tube using 100% oxygen. Use standard confirmations including $EtCO_2$ to confirm position.

If the tube position is not confirmed, stop ventilating as this will worsen the situation. Remove the tube and return to step 7 above.

10 Sedate and paralyse as necessary

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