Report Date: 12 Jul 2011

Summary Report for Individual Task
081-833-3005
Perform a Surgical Cricothyroidotomy
Status: Approved

Condition: You have a casualty requiring a surgical cricothyroidotomy. You will need a cutting instrument (scalpel, knife blade), airway tube (endotracheal (ET) tube, tracheotomy tube, or any non collapsible tube, suctioning apparatus, alcohol swabs, knife handle, gloves, and tape. You are not in a CBRNE environment.

Standard: Perform a surgical cricothyroidotomy without causing unnecessary injury to the casualty.

Special Condition: None

Special Standards: None

Special Equipment: None

Task Statements

Cue: None

DANGER

None

WARNING

None

CAUTION

Casualties with a total upper airway obstruction, inhalation burns, or massive maxillofacial trauma who cannot be ventilated by other means are candidates for a surgical cricothyroidotomy.

Remarks: None

Notes: None

Performance Steps

1. Gather cricothyroidotomy kit or minimum essential equipment.

Note: Because of the need for speed, every medic should have an easily accessible cricothyroidotomy kit that contains all required items.

a. Cutting instrument: number 10 or 15 scalpel or knife blade.

b. Airway tube: ET tube, tracheotomy tube, or any noncollapsible tube that will allow enough airflow to maintain oxygen saturation.

Note: In a field setting, an ET tube is preferred because it is easy to secure. Use a size 6.0 to 7.0 ET tube, and ensure the cuff will hold air.

2. Put on gloves.

WARNING

Do not hyperextend the casualty's neck if a cervical injury is suspected.

3. Hyperextend the casualty's neck.

a. Place the casualty in the supine position.

b. Place a blanket or poncho rolled up under the casualty's neck or between the shoulder blades to hyperextend the neck.

4. Locate the cricothyroid membrane.

a. Place a finger of the nondominant hand on the thyroid cartilage (Adam's apple), and slide the finger down to the cricoid cartilage.

b. Palpate for the soft cricothyroid membrane below the thyroid cartilage and just above the cricoid cartilage.

c. Slide the index finger down into the depression between the thyroid and cricoid cartilage.

d. Prepare the skin over the membrane with an alcohol swab.

5. Stabilize the larynx with the nondominant hand.

6. With the cutting instrument in the dominant hand, make a 1 1/2 inch vertical incision through the skin over the cricothyroid membrane.

Note: A vertical incision will allow visualization of the cricothyroid membrane, but keep the scalpel blade away from the lateral aspect of the neck. This is important because of the large blood vessels located in the lateral areas of the neck.

CAUTION: Do not cut the cricothyroid membrane with this incision.

7. Maintain the opening of the skin incision by pulling the skin taut with the fingers of the nondominant hand.

8. Stabilize the larynx with one hand and cut horizontally through the cricothyroid membrane.

9. Insert a commercially designed cricothyroidotomy hook or improvise with the tip of an 18-gauge needle formed into a hook through the opening; hook the cricoid cartilage, and lift to stabilize the opening.

10. Insert the end of the ET tube or tracheotomy tube through the opening and towards the lungs. The tube should be in the trachea and directed toward the lungs. Inflate the cuff 10 cubic centimeters (cc) of air.

11. Assess the casualty for spontaneous respirations (10 seconds).

12. Attach a pulse oximeter to the casualty, if available.

13. Assist with ventilations when respirations are <8 or >30 or a pulse oximeter reading <90% Direct an assistant to ventilate the casualty with a BVM, if necessary.

14. Auscultate lung fields and watch for rise and fall of the chest to confirm tube placement.

15. Secure the tube, using tape, cloth ties, or other measures, and apply a dressing to further protect the tube and incision.

16. Monitor the casualty's respirations on a regular basis.

a. Reassess air exchange and placement every time the casualty is moved.

b. Assist with respirations if the respiratory rate falls below 8 or rises above 30 per minute.

(Asterisks indicates a leader performance step.)

Evaluation Preparation: Setup: For training and evaluation, use a mannequin. If a Soldier is used UNDER NO circumstances is the skin to actually be incised. Have the evaluated Soldier explain the procedure verbally.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Gathered equipment.			
2. Put on gloves.			
3. Hyperextended the casualty's neck.			
4. Located the cricothyroid membrane and cleaned with an alcohol swab.			
5. Stabilized the larynx with the nondominant hand.			
6. Made a 1 1/2 inch vertical incision over the cricothyroid membrane, with the cutting instrument in the dominant hand.			
7. Maintained the opening of the skin incision by pulling the skin taut with the fingers of the nondominant hand.			
8. Cut horizontally through the cricothyroid membrane.			
9. Maintained the opening of the cartilage with a tracheal hook or other device.			
10. Inserted the end of the ET tube into the trachea and directed towards the lungs 1/4 inch beyond the cuff.			
11. Assessed the casualty for spontaneous respirations (10 seconds).			
12. Attached a pulse oximeter to the casualty, if available.			
13. Assisted with ventilations when respirations were <8 or >30 or a pulse oximeter reading <90% Directed an assistant to ventilate the casualty with a BVM, if necessary.			
14. Auscultated lung fields and watched for rise and fall of the chest to confirm tube placement.			
15. Secured the tube and applied a dressing to further protect the tube and incision.			
16. Monitored the casualty's respirations.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	0-323-06503-0	PHTLS Prehospital Trauma Life Support, Military 7th edition	No	No

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

Prerequisite Individual Tasks : None

Supporting Individual Tasks : None

Supported Individual Tasks : None

Supported Collective Tasks :

Task Number	Title	Proponent	Status
N/A	N/A	Not Selected	Obsolete