

Kittitas County Prehospital Care Protocols

Subject: Needle Cricothyrotomy

****PEDIATRICS < 10 YEARS****

Equipment:

- 14g *NON-SAFETY* AngioCath
- Saline Flush
- Size 3.0 ET Tube → BVM Connector
- Meconium Aspirator (Jet Insufflation ONLY)
- Suction Tubing (Jet Insufflation ONLY)

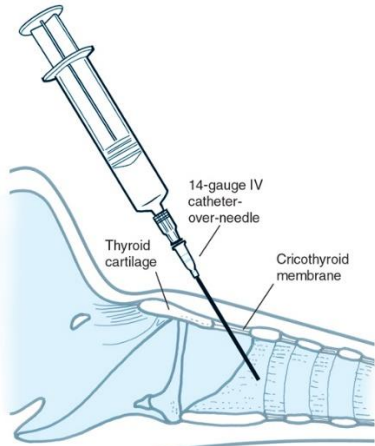
Procedure:

1. Pop the cap at the end of the 14g AngioCath and attach a 3-5cc Saline Flush.
2. Have your partner hold the patient's head in a hyperextended position.
3. Stabilize the patient's Larynx with your non dominant hand and palpate the cricothyroid membrane with your index finger.
4. With your dominate hand, insert the AngioCath attached to the Saline Flush at a 45* angle through the cricothyroid membrane.
5. Draw back on the plunger of the saline flush to verify placement - ****WHEN PLACED CORRECTLY IN THE TRACHEA, BUBBLES WILL APPEAR IN THE SYRINGE****
6. Once placement is confirmed, withdraw the needle of the AngioCath attached to the syringe, keeping the 14g catheter in place.
7. Attach the 3.0 ET Tube connector to the hub of the 14g AngioCath.
8. Attach a BVM to the connector and ventilate.

FOR NEEDLE JET INSUFFLATION **COMPLETE STEPS 1-7 AS STATED ABOVE FOLLOWED BY..**

1. Attach the large end of the Meconium Aspirator to the 3.0 ET Tube Connector.
2. Attach suction tubing to the opposite end of the Meconium Aspirator.
3. Connect the suction tubing to the oxygen tree.
4. Cover the hole of the Meconium Aspirator to deliver ventilations.

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Source: Goodman DM, Green TD, Uitti SM, Powell EC. Current Procedures: Pediatrics: www.accesspediatrics.com
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