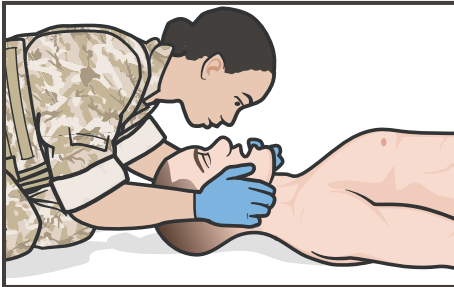


CRICOTHYROIDOTOMY INSTRUCTION (Open Surgical)

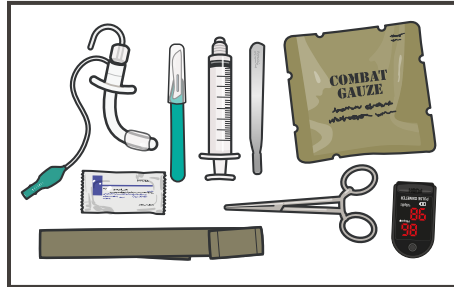


CONSIDER body substance isolation.

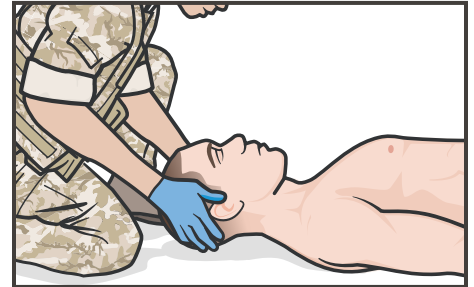
NOTE: If a Combat Lifesaver (CLS) is available, direct them to assist.



01 ASSESS the casualty's airway (see Head-tilt/Chin-lift and/or Jaw-Thrust Maneuver Instructions)

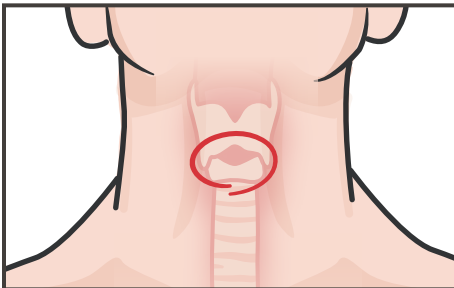


02 GATHER, assemble, and test all necessary equipment.



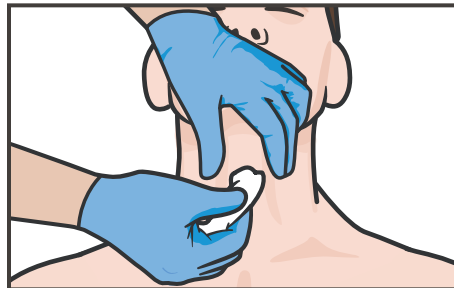
03 POSITION the casualty in a supine position, with the neck placed in the "neutral position".

NOTE: If you are right-handed, position yourself on the right side of the casualty; left-handed, to the left side.

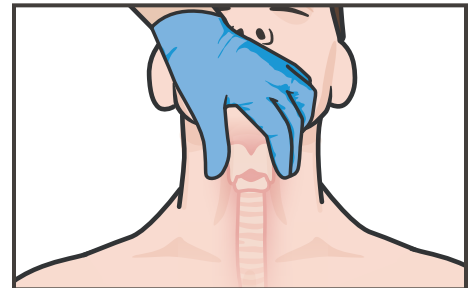


04 IDENTIFY the cricothyroid membrane between the cricoid and thyroid cartilages.

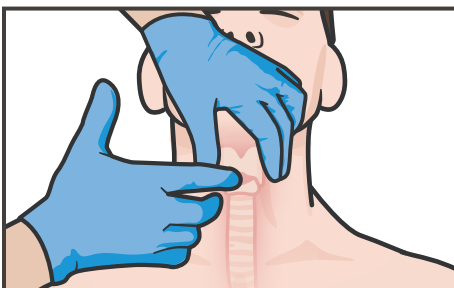
NOTE: The cricothyroid membrane is in the hollow, or V, between the two cartilages.



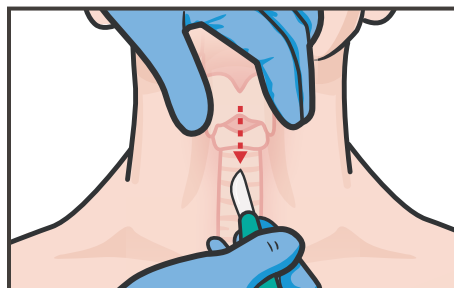
05 CLEAN the site with alcohol or povidone-iodine (if time permits).



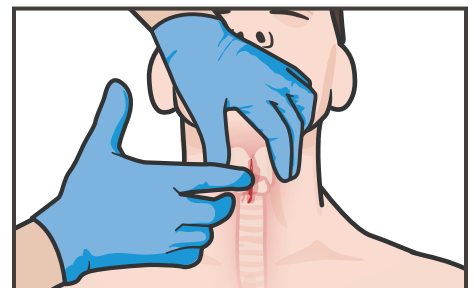
06 STABILIZE the larynx with the nondominant hand.



07 CONFIRM landmarks with the dominant index finger.



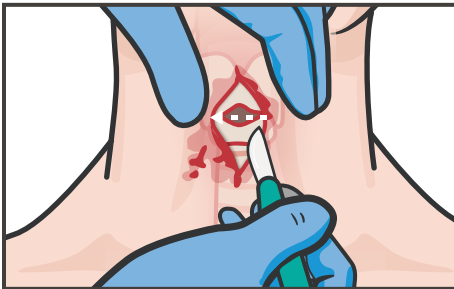
08 Make a 1-inch vertical incision through the skin over the cricothyroid membrane.



09 RECONFIRM cricothyroid membrane with the index finger.

CRICOTHYROIDOTOMY INSTRUCTION (Open Surgical)

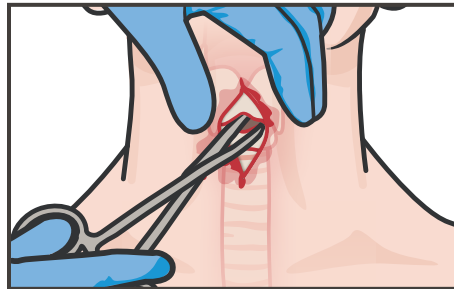
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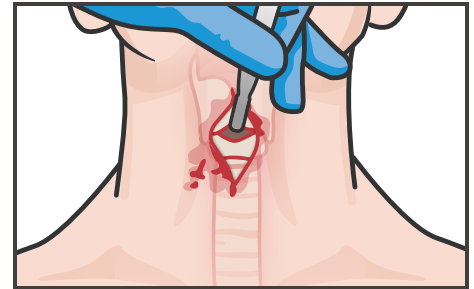
10 **TURN** the scalpel horizontally and poke through the cricothyroid membrane, making a 1/2-inch incision.

NOTE: A rush of air may be heard or felt through the opening.

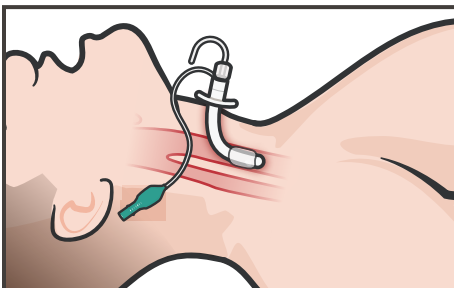
CAUTION: Do not make the incision more than 1/2-inch deep from the surface of the skin or you may perforate the esophagus.



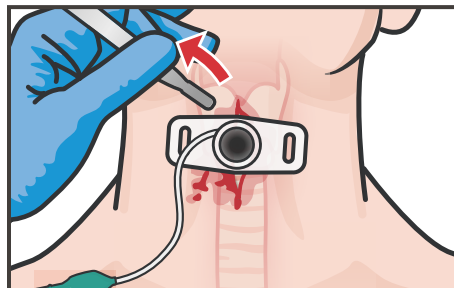
11 If a Kelly Hemostat is available, use it to open the incision.



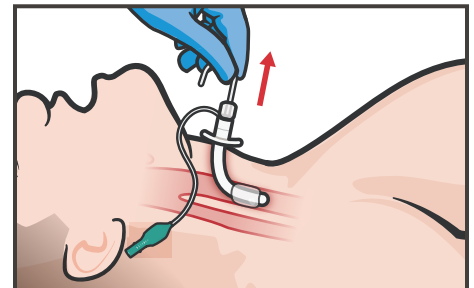
12 **INSERT** tracheal hook through cricothyroid membrane, gently lift cricoid cartilage, withdraw the scalpel, and place it in a sharps container.



13 **INSERT** the tracheostomy tube and direct it toward the lungs.

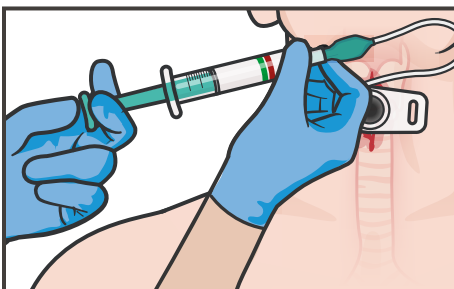


14 Angle the tracheal hook toward the shoulder and gently **REMOVE** it.

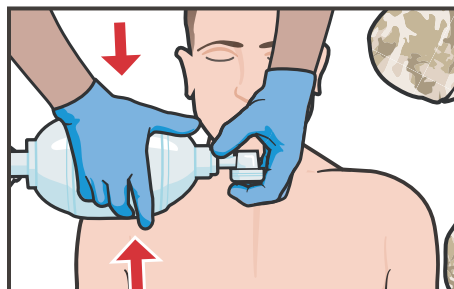


15 Remove the stylet (if applicable), leaving the tube in place.

NOTE: If using an endotracheal (ET) tube, insert 1/4 to 1 inch beyond the cuff.



16 **INFLATE** the cuff with 10 ml of air.
NOTE: Look for misting in the tube.



17 **DIRECT THE CLS** to ventilate the casualty with a bag valve mask (BVM) when appropriate.



18 **AUSCULTATE** the right and left lungs, listening for breath sounds while watching for equal rise and fall of the chest to confirm tube placement.

STEP 18 NOTE: If using an ET tube, auscultate the epigastric region if tactically feasible.

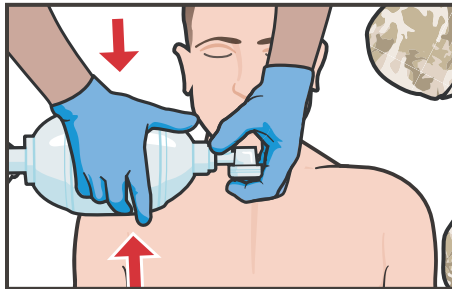
STEP 18 NOTE: If breath sounds are absent on the left side only, the tube has been inserted down the right

CRICOTHYROIDOTOMY INSTRUCTION (Open Surgical)

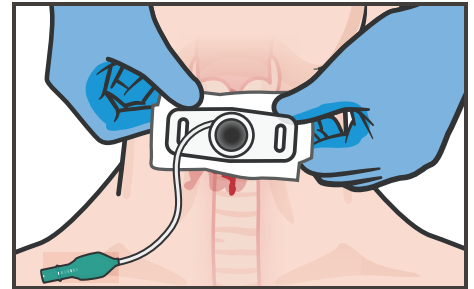
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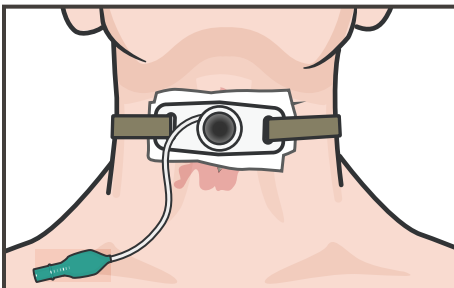
19 ASSESS the casualty for spontaneous respirations (must count for 10 seconds at a minimum) and attach the pulse oximeter to the casualty (if available).



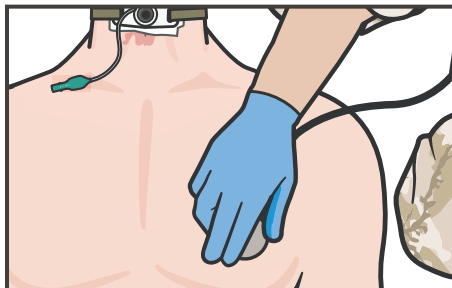
20 If respirations are <8 or >30 or the pulse oximeter reading is $<90\%$, **VENTILATE** the casualty with a BVM.



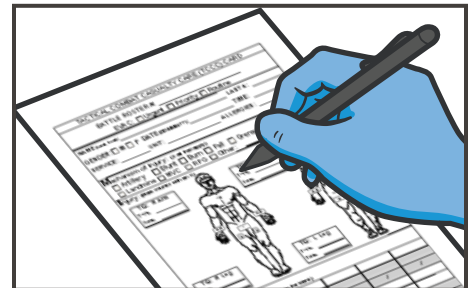
21 APPLY a dressing around the tube.



22 SECURE the tube around the casualty's neck with a strap or tape.



23 Continually **ASSESS** and **MONITOR** the casualty.



24 DOCUMENT all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.