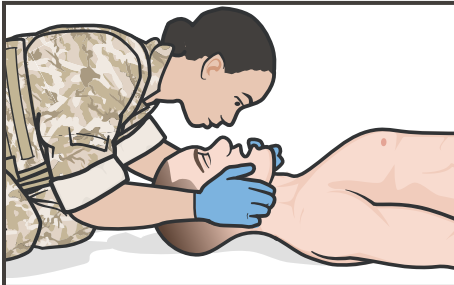


# CRICOTHYROIDOTOMY (Bougie Aided)

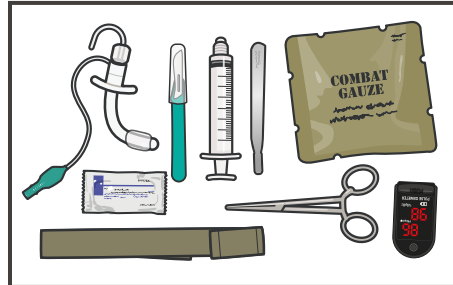


**CONSIDER** body substance isolation.

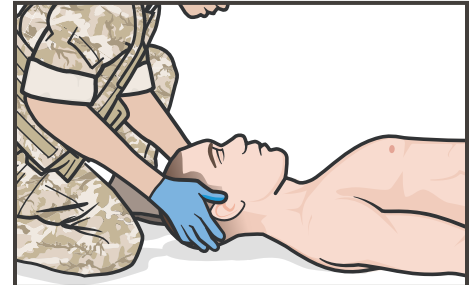
**NOTE:** If a Combat Lifesaver (CLS) is available, direct them to assist.



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

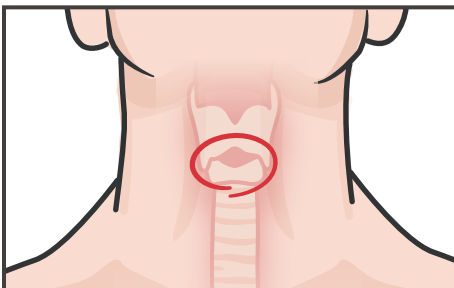


**02 GATHER**, assemble, and test all necessary equipment.



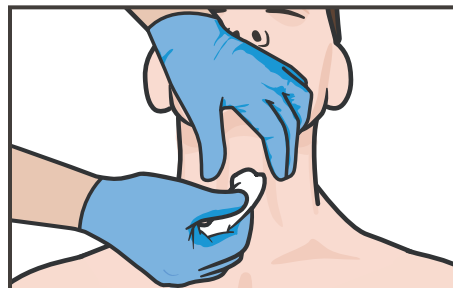
**03 POSITION** the casualty in a supine position, with the neck placed in the "neutral position".

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

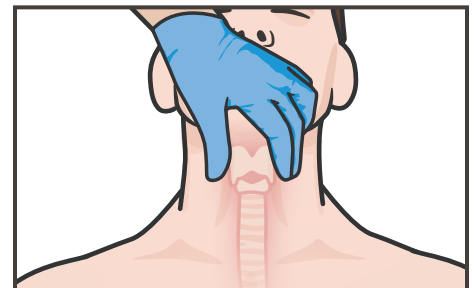


**04 IDENTIFY** the cricothyroid membrane between the cricoid and thyroid cartilages.

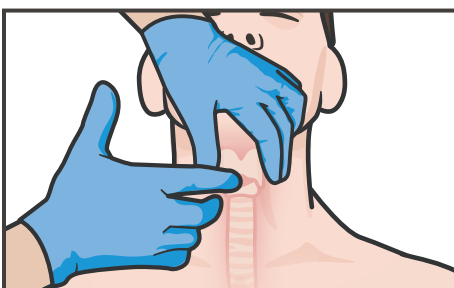
**NOTE:** The cricothyroid membrane is in the hollow, or V, between the two cartilages.



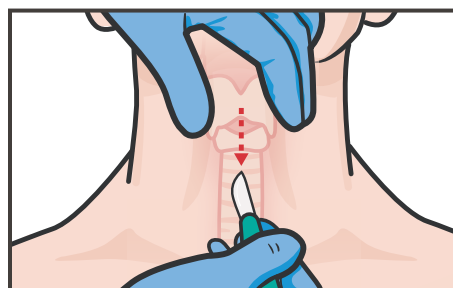
**05 CLEAN** the site with alcohol or povidone-iodine (if time permits).



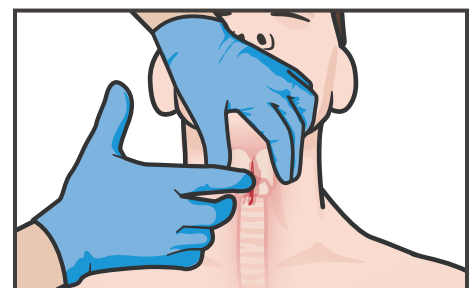
**06 STABILIZE** the larynx with the nondominant hand.



**07 CONFIRM** landmarks with the dominant index finger.



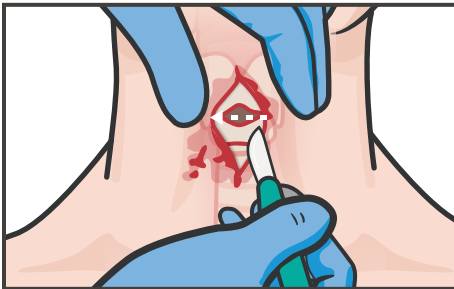
**08** Make a 1-inch vertical incision through the skin over the cricothyroid membrane.



**09 RECONFIRM** cricothyroid membrane with the index finger.

# CRICOTHYROIDOTOMY INSTRUCTION (Bougie Aided)

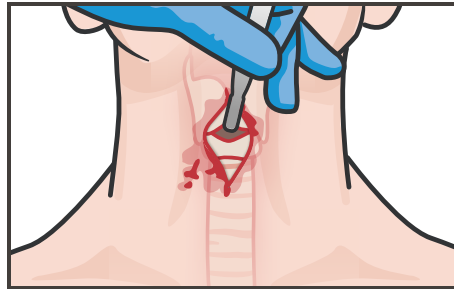
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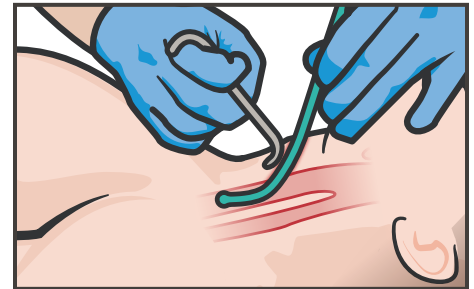
**10** **TURN** the scalpel horizontally and poke through the cricothyroid membrane, making a 1/2-inch incision.

**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.

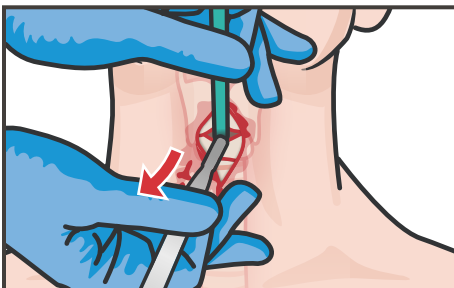


**11** **INSERT** tracheal hook through cricothyroid membrane, gently lift cricoid cartilage, withdraw the scalpel, and place it in a sharps container.

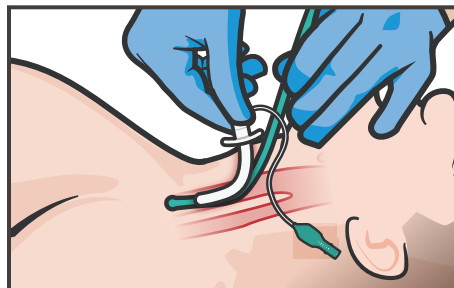


**12** **INSERT** the bougie through the cricothyroid membrane opening and direct it toward the lungs.

**NOTE:** You should feel the rings of the trachea in the bougie as you advance it.

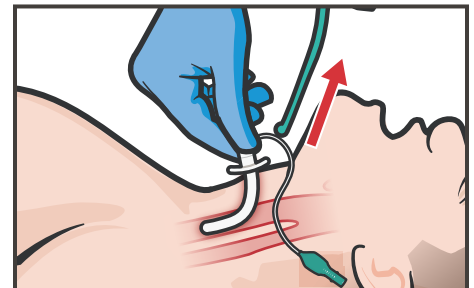


**13** Angle the tracheal hook toward the shoulder and gently **REMOVE** it.

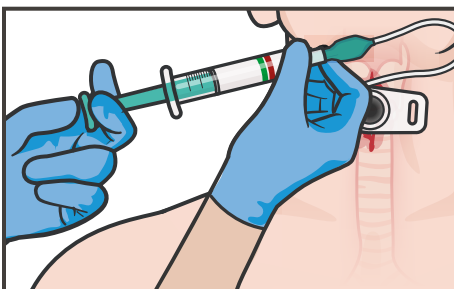


**14** **INSERT** the tracheostomy tube over the bougie and advance it into the trachea, at least 1/4 to 1 inch beyond the cuff.

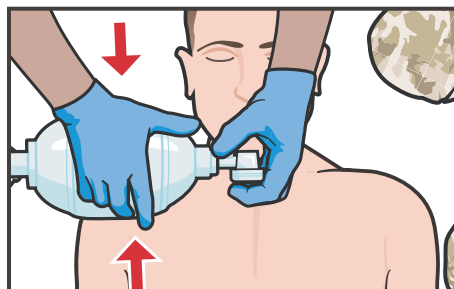
**NOTE:** If using an endotracheal (ET) tube, insert 1/4 to 1 inch beyond the cuff.



**15** **REMOVE** the bougie from the tracheostomy tube.



**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.

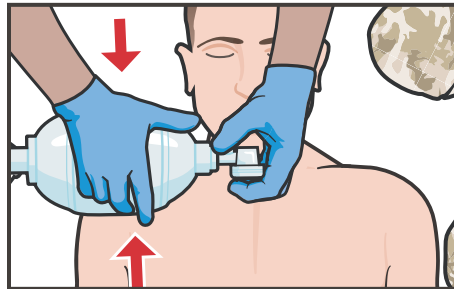
**STEP 18 NOTE:** If breath sounds are absent on the left side only, the tube has been inserted down the right

# CRICOTHYROIDOTOMY INSTRUCTION (Bougie Aided)

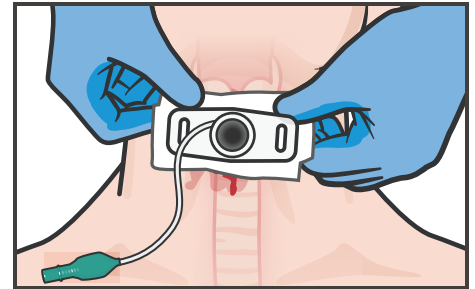
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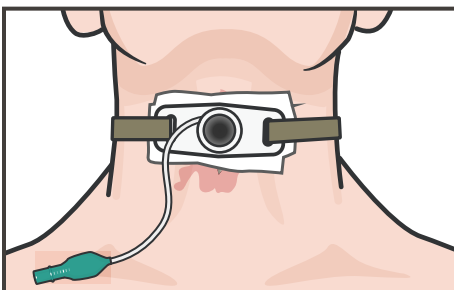
**19 ASSESS** the casualty for spontaneous respirations (must count for 10 seconds at a minimum) and attach the pulse oximeter to the casualty (if available).



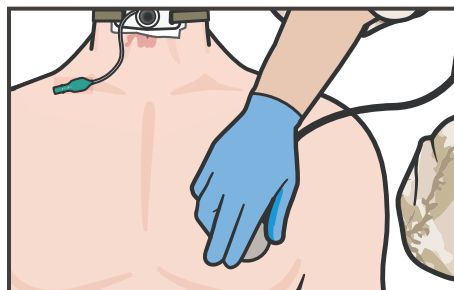
**20** If respirations are  $<8$  or  $>30$  or the pulse oximeter reading is  $<90\%$ , **VENTILATE** the casualty with a BVM.



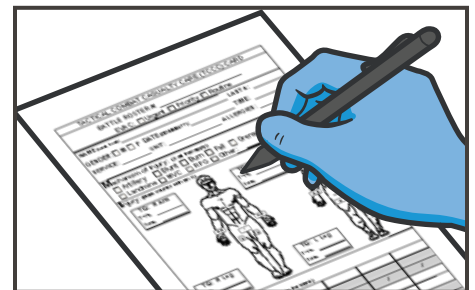
**21 APPLY** a dressing around the tube.



**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.