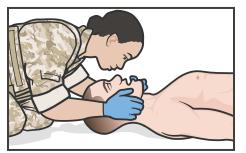


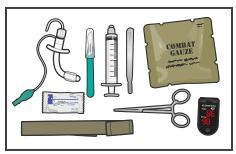
## CRICOTHYROIDOTOMY INSTRUCTION (Open Surgical)



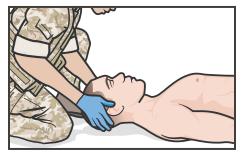
**CONSIDER** body substance isolation. **NOTE:** If a Combat Lifesaver (CLS) is available, direct them to assist.



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

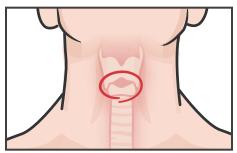


**GATHER**, assemble, and test all necessary equipment.



**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.

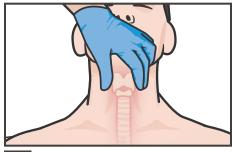


**04 IDENTIFY** the cricothyroid membrane between the cricoid and thyroid cartilages.

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



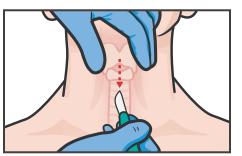
**CLEAN** the site with alcohol or povidone-iodine (if time permits).



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



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



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

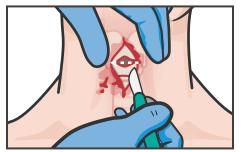


**RECONFIRM** cricothyroid membrane with the index finger.



## CRICOTHYROIDOTOMY INSTRUCTION (Open Surgical)

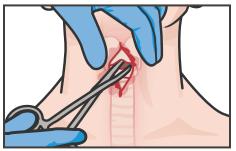
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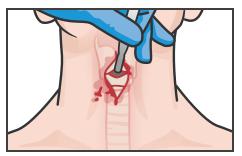
**10 TURN** the scalpel horizontally and poke through the cricothyroid membrane, making a 1/2-inch incision.

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

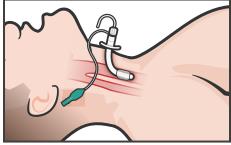
**CAUTION:** Do not make the incision more than 1/2-inch deep from the surface of the skin or you may perforate the esophagus.



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

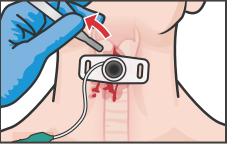


**12 INSERT** tracheal hook through cricothyroid membrane, gently lift cricoid cartilage, withdraw the scalpel, and place it in a sharps container.



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

13



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

m	
John	

**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.



**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)

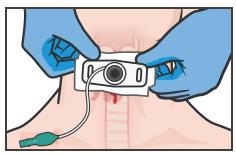
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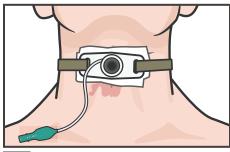
**19 ASSESS** the casualty for spontaneous respirations (must count for 10 seconds at a minimum) and attach the pulse oximeter to the casualty (if available).



**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.

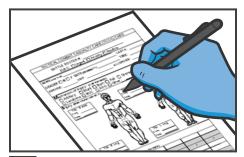




**SECURE** the tube around the casualty's neck with a strap or tape.



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.