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Scalpel Cricothyroidotomy for use in an Emergency Airway



Difficult Airway Society (DAS) 2015 guidelines for management of unanticipated difficult airway has recommended that all anaesthetists should be trained to perform a surgical airway.¹

According to DAS guidelines, performing a “scalpel cricothyroidotomy is the fastest and most reliable method of securing the airway in the emergency setting”¹

Once a Cannot Intubate, Cannot Oxygenate (CICO) has been declared, the Emergency Surgical Cricothyroidotomy kit provides clinicians with familiar equipment to perform a surgical airway, helping meet DAS recommendations.

Product Code	Description	Quantity Per Box
942 / 800 / 0000	Emergency Surgical Cricothyroidotomy Kit	10
100 / 123 / 515	Tracheal Tube Introducer with coude tip	10

KIT INCLUDES:

- 6mm tracheostomy tube
- Scalpel
- 5mL Syringe
- Dilating forceps
- Swabs and ties



TECHNIQUE FOR SCALPEL CRICOTHYROIDOTOMY

Difficult Airway Society Guidelines for management of unanticipated difficult intubation in adults.



2015

FAILED INTUBATION, FAILED OXYGENATION IN THE PARALYSED, ANAESTHETISED PATIENT²

1 CALL FOR HELP

- Continue 100% O₂
- Declare "Can't Intubate, Can't Oxygenate" (CICO)

2 EMERGENCY FRONT OF NECK ACCESS

- Continue to give oxygen via upper airway
- Ensure neuromuscular blockade position
- Patient to extend neck

3 SCALPEL CRICOTHYROIDOTOMY

EQUIPMENT:

- Scalpel (number 10 blade)
- Bougie
- Tube (cuffed 6.0mm ID)



LARYNGEAL HANDSHAKE TO IDENTIFY CRICOTHYROID MEMBRANE

Palpable Cricothyroid Membrane

- Transverse stab incision through cricothyroid membrane
- Turn blade through 90° (sharp edge caudally)
- Slide coude tip of bougie along blade into trachea
- Railroad lubricated 6.0mm cuffed tracheal tube into trachea
- Ventilate, inflate cuff and confirm position with capnography
- Secure tube

Impalpable Cricothyroid Membrane

- Make an 8-10cm vertical skin incision, caudad to cephalad
- Use blunt dissection with fingers of both hands to separate tissues
- Identify and stabilise the larynx
- Proceed with technique for palpable

4 POST-OPERATIVE CARE AND FOLLOW UP

- Postpone surgery unless immediately life threatening
- Urgent surgical review of cricothyroidotomy site
- Document and follow up using DAS Guidelines

Note: This flowchart forms part of the DAS Guidelines for unanticipated difficult intubation in adults 2015 and should be used in conjunction with the text

REFERENCES.

1. C. Frerk et al. Difficult Airway Society 2015 guidelines for management of unanticipated difficult intubation in adults. British Journal of Anaesthesia, 115 (6): 827-48
2. https://www.das.uk.com/guidelines/das_intubation_guidelines

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