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.
**EQUIPMENT:**
- Scalpel (number 10 blade)
- Bougie
- Tube (cuffed 6.0 mm 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 6.0 mm cuffed tracheal tube into trachea
- Ventilate, inflate cuff and confirm position with capnography
- Secure tube

**Impalpable Cricothyroid Membrane**
- Make an 8-10 cm 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

**TECHNIQUE FOR SCALPEL CRICOTHYROIDOTOMY**

**2015 FAILED INTUBATION, FAILED OXYGENATION IN THE PARALYSED, ANAESTHETISED PATIENT**

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 6.0 mm ID)

   **LARYNGEAL HANDSHAKE TO IDENTIFY CRICOTHYROID MEMBRANE**

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

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

**REFERENCES.**