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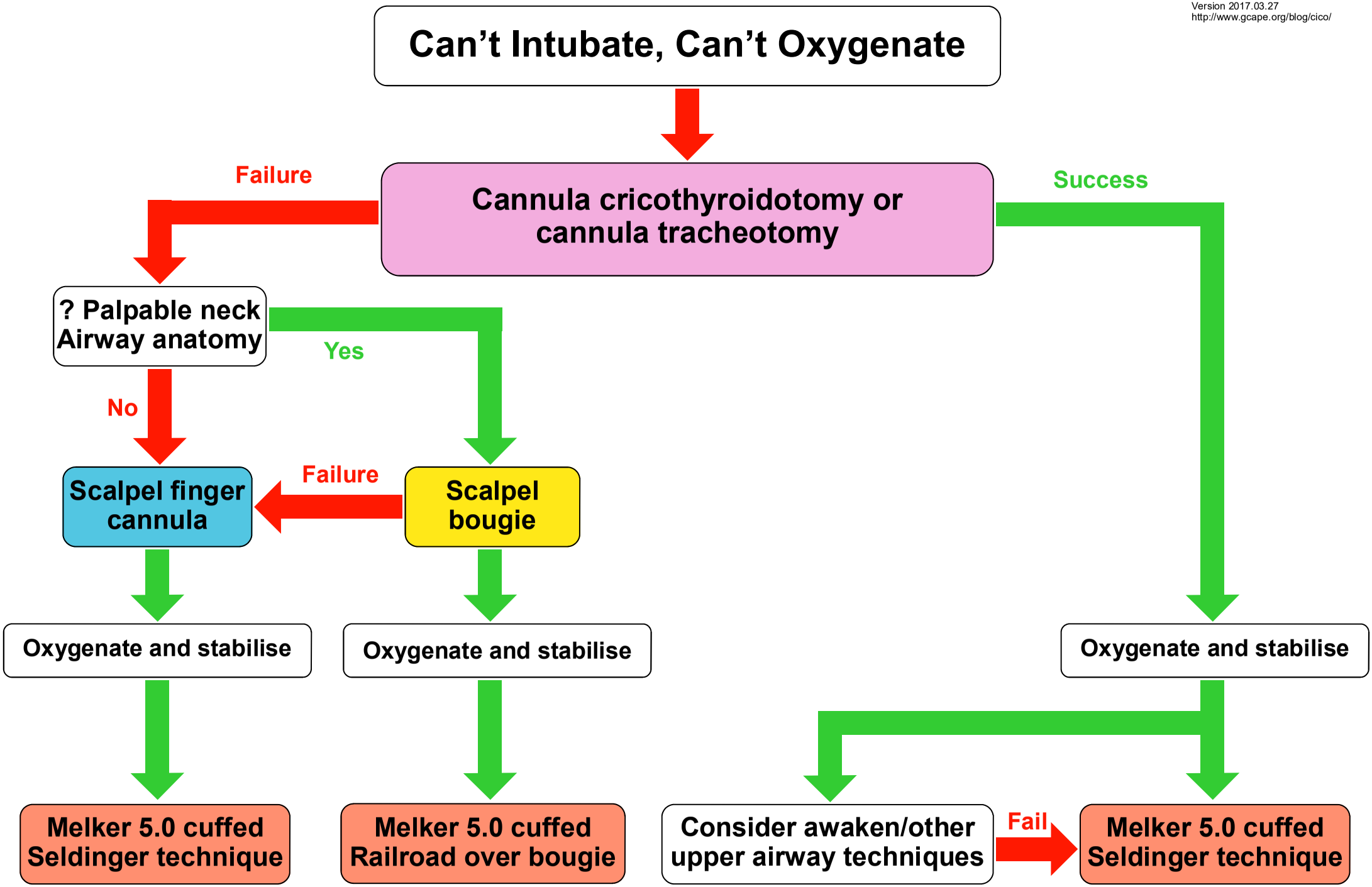

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Cannula cricothyroidotomy or cannula tracheotomy

Contents:

PTO for Instructions

Instructions for Cannula Crico/tracheotomy

Airway

- **Assemble syringe-saline-needle cannula**
- **Stand on patients left side (reverse if left handed)**
- **Identify cricothyroid membrane or trachea with non-dominant hand and stabilise**
- **(** ** *if airway anatomy impalpable, see below* **)**
- **Advance needle at a shallow angle while continually aspirating**
- **When air is aspirated, stabilise needle, and advance cannula**
- **Stabilise cannula and withdraw needle**
- **Confirm cannula placement with repeat aspiration**
- **Connect oxygenation device**

Oxygenate and stabilise

- **Initial oxygenation**
  - **Oxygen set at 10 l/min (=166 ml/sec)**
  - **Give 6 second inspiration (=1000 ml)**
- **Subsequent oxygenation**
  - **Use 3 second inspirations**
  - **Give when SaO_2 falls 5% from peak**

Awaken or proceed to Melker 5.0 cuffed airway (Seldinger technique)

**** Impalpable airway anatomy**

- **Still attempt cannula cric/trach, modified as below**
  - **Insert needle at a steeper angle (more perpendicular) to skin**
  - **1st attempt in apparent midline, *unless* it is suspected that the trachea is positioned elsewhere**
  - **2nd attempt 1cm lateral**
  - **3rd attempt 1cm contralateral**
  - **If unsuccessful after 3rd attempt progress to scalpel-finger-cannula**

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Scalpel bougie

Contents:

- Scalpel with no. 10 blade
- Frova bougie
- 15mm Rapi-fit attachment

PTO for Instructions

Instructions for Scalpel Bougie

Bougie

- **Stand on patients left side (reverse if left handed)**
- **Identify cricothyroid membrane or trachea with non-dominant hand and stabilise**
- **Make a horizontal stab incision with cutting edge of scalpel facing you**
- **Apply gentle traction towards you, then rotate scalpel 90° so that the cutting edge now faces caudally**
- **Pull scalpel towards you to make a triangular hole with the scalpel blade forming the base**
- **Change hands, and use dominant hand to introduce bougie**
- **Hold bougie horizontally, facing away from you, with the coude tip pointing into the hole**
- **Run the tip down the scalpel blade and into the trachea**
- **Rotate and lift bougie to align with trachea**
- **Remove scalpel**
- **Advance bougie down trachea 10-20 cm**
- **Attach 15mm connector to end of bougie**
- **Connect to anaesthetic circuit or self inflating bag**

Oxygenate and stabilise using anaesthetic circuit, check capnograph for CO_2

Intubation — Use Melker kit (orange pack)

- **Remove Melker 5.0 cuffed tube from dilator assembly**
- **Remove 15mm Rapi-fit connector from bougie**
- **Railroad Melker over bougie**
- **Stabilise airway and remove bougie**
- **Inflate cuff and attach anaesthetic circuit to 15mm connector, check capnograph for CO_2**

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Scalpel finger cannula

Contents:

- Scalpel with no. 10 blade
- 5 ml syringe + saline
- 3 x 14ga Insyte Cannulas
- Rapid-O_2 device

PTO for Instructions

Instructions for Scalpel Finger Cannula

- **Stand on patients left side (reverse if left handed)**
- **Secure skin of neck with non-dominant hand**
- **Make an 8-10 cm vertical midline incision down to strap muscles**
- **Using fingers of both hands separate strap muscles and blunt dissect down to airway**
- **Stabilise airway with non dominant hand**
- **Use Cannula Cricothyroidotomy/tracheotomy technique to cannulate airway**

Oxygenate and stabilise

- **Initial oxygenation**
  - **Oxygen set at 10 l/min (=166 ml/sec)**
  - **Give 6 second inspiration (=1000 ml)**
- **Subsequent oxygenation**
  - **Use 3 second inspirations**
  - **Give when SaO_2 falls 5% from peak**

Proceed to Melker 5.0 cuffed airway (Seldinger technique)

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Melker 5.0 cuffed kit

Contents:

- **Cook “Melker” size 5.0 cuffed kit**

PTO for Instructions

Instructions for Melker Airway

NOTE:

- **Only need wire, scalpel, and airway/dilator assembly from kit**
- **Airway cannula or bougie will already be in situ, and patient oxygenated and stabilised**

Insertion (Seldinger)

- **Disconnect oxygenation tubing from cannula**
- **Insert wire, soft end first**
- **Withdraw cannula**
- **Make a stab incision with the scalpel along the wire approx 2cm until a "pop" is felt as it enters the airway**
- **Gripping the dilator/airway assembly to prevent separation, advance over the wire and into the trachea**
- **Stabilise airway, remove dilator and wire together**
- **Inflate cuff and attach anaesthetic circuit to 15mm connector, check capnograph for CO_2**

Insertion (over bougie)

- **Remove Melker 5.0 cuffed tube from dilator assembly**
- **Remove 15mm Rapi-fit connector from bougie**
- **Railroad Melker over bougie**
- **Stabilise airway and remove bougie**
- **Inflate cuff and attach anaesthetic circuit to 15mm connector, check capnograph for CO_2**