


Sierra – Sacramento Valley EMS Agency Program Policy

**Needle Cricothyrotomy**

	Effective: 06/01/2018	Next Review: 05/2021	<b>1103</b>
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**PURPOSE:**

To establish criteria for utilization of a needle cricothyrotomy procedure by S-SV EMS accredited paramedic personnel.

**AUTHORITY:**

- A. California Health and Safety Code § 1797.220 and 1798.
- B. California Code of Regulations, Title 22, Division 9.

**POLICY:**

- A. Needle cricothyrotomy may only be performed by paramedic personnel when there is an inability to maintain the airway with standard airway procedures (e.g., BVM ventilation, endotracheal intubation, supraglottic airway device, King Airway). This situation typically involves patients with pathologic processes that cause distortion of the upper airway anatomy, including one or more of the following:
  - 1. Airway obstruction by uncontrolled bleeding into the oral cavity and/or vomiting.
  - 2. Severe maxillofacial trauma - blunt, penetrating, or associated with mandibular FX.
  - 3. Laryngeal foreign body that cannot be removed expeditiously.
  - 4. Swelling of upper airway structures.
  - 5. Infection (e.g., epiglottitis, Ludwig's angina).
  - 6. Allergic reaction or hereditary angioedema.
  - 7. Chemical or thermal burns to the epiglottis and upper airway
- B. Needle cricothyrotomy is contraindicated in the following circumstances:
  - 1. Patient age < 3 years or estimated weight < 15 kg.
  - 2. Ability to maintain airway utilizing less invasive procedures.
  - 3. Conscious patient.
  - 4. Moving ambulance
  - 5. Patient has a midline neck hematoma or massive subcutaneous emphysema.