



## PROCEDURE CHECKLIST

# Surgical airway (front-of-neck access)

Emergency scalpel cricothyroidotomy (scalpel, bougie, tube) to oxygenate a patient in a can't-intubate-can't-oxygenate situation.



Patient reference

Date

Time

Completed by

### Equipment ready

- ☐ Scalpel with a number 10 blade (wide blade)
- ☐ Bougie with a coudé tip
- ☐ Cuffed tracheal tube 6.0 mm internal diameter
- ☐ 10 mL syringe for cuff
- ☐ Waveform capnography
- ☐ Bag-valve device or ventilator with oxygen
- ☐ Skin antiseptic if time allows (do not delay for it)
- ☐ Tube tie
- ☐ Ultrasound (optional, for pre-marking the membrane before induction)

### Before · Declare and prepare

- ☐ **Declare 'can't intubate, can't oxygenate' aloud and call for front-of-neck access as soon as Plans A to C have failed**

Hesitation, not the procedure, causes most deaths in CICO.

- ☐ Confirm full neuromuscular blockade; give it if not already given

- ☐ **Keep trying to oxygenate from above (face mask, supraglottic airway, nasal oxygen) throughout the procedure**

- ☐ Get the front-of-neck access kit open; one operator performs, an assistant handles the airway from above

### Before · Position and identify

- ☐ Extend the neck: remove the pillow and place a roll under the shoulders, or drop the head of the trolley
- ☐ Stand on the patient's left if right-handed
- ☐ Perform the laryngeal handshake with the non-dominant hand
- ☐ Locate the cricothyroid membrane with the index finger in the notch between thyroid and cricoid cartilages

### During · Palpable membrane: scalpel, bougie, tube

- ☐ Make a transverse stab incision through skin and cricothyroid membrane with the blade edge toward you (caudal side)
- ☐ Keep the blade perpendicular to the skin in the membrane
- ☐ Rotate the blade 90° so that the sharp edge points toward the feet

- ☐ Pull the scalpel gently toward you (laterally) to open the incision, keeping it in contact with the cricoid
- ☐ Slide the coudé tip of the bougie along the side of the blade, down into the trachea, and advance 10–15 cm
- ☐ Remove the scalpel
- ☐ Railroad the lubricated 6.0 mm cuffed tube over the bougie into the trachea, rotating gently
- ☐ Remove the bougie, holding the tube securely
- ☐ Inflate the cuff and ventilate

### During · Impalpable membrane

- ☐ Make an 8–10 cm vertical midline skin incision, caudal to cranial
- ☐ Use blunt dissection with the fingers of both hands to separate tissues and identify the larynx
- ☐ Stabilise the larynx and proceed with the transverse membrane incision and bougie technique as above
- ☐ If you still cannot identify the membrane, consider a tracheal approach low in the neck only if skilled, or call for help

### During · Confirm

- ☐ **Confirm placement with waveform capnography; no trace means wrong place**

- ☐ Check bilateral chest movement and auscultate
- ☐ Secure the tube with a tie; do not let go until it is secured

### After · Ongoing care

- ☐ Ventilate with 100% oxygen and titrate once SpO<sub>2</sub> recovers
- ☐ Request a chest X-ray to check tube position and exclude pneumothorax
- ☐ Look for and control bleeding from the wound with pressure; do not remove the tube to do so
- ☐ Refer urgently to the surgical airway team (ENT or maxillofacial) for formal tracheostomy or conversion
- ☐ Continue sedation, analgesia and neuromuscular blockade as needed
- ☐ Document the timing of CICO declaration, technique, attempts, tube size, confirmation and complications
- ☐ Debrief the team and report the event through local governance



A drafted procedure checklist, awaiting senior review. Perform procedures only within your training, competence and local policy. It does not replace your clinical judgement.

EM Orbit · Emergency medicine, in one orbit · proc-surgical-airway · red rows are the steps that must not be missed