Indications
1. Inability to gain airway access by other means
2. Upper airway obstruction

Contraindications
1. Pre-existing laryngeal pathology
2. Anatomical barriers
3. Anticoagulation therapy

Possible Complications
1. Injury to surrounding structures
2. Hemorrhage
3. Infection
4. Edema
5. Aspiration of blood
6. Subcutaneous and mediastinal emphysema

Procedure
1. Stabilize the head in a neutral position
2. Identify the cricothyroid membrane
   a. Palpate the thyroid prominence (Adam’s apple) – in women this is smaller and has a shallower angle
   b. Find the gap between this and the lower thyroid cartilage and cricoid ring
   c. Use thumb and forefinger to grip the entire laryngeal framework (hyoid, thyroid, cricoid and palpation of cricothyroid membrane)
   d. When excess tissue is present, moving this entire framework from side to side can assist in identifying landmarks.
3. Obtain a 3.0mm ETT and remove the ventilation top, attach this to BVM
4. Prepare the skin with alcohol wipe
5. Stabilize the cricoid and thyroid cartilage with the non-dominant hand.
6. Insert 14-gauge needle catheter attached to a syringe into the cricothyroid membrane at a 45-degree angle, caudally, aspirating during insertion.
7. Remove needle and ventilate through the 14-gauge catheter with 3.0mm ETT end connected to catheter hub.
8. Use a 1:4 ventilation: exhalation ratio
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<td>Place ETCO2 monitor on patient to ensure proper ventilation and needle placement.</td>
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