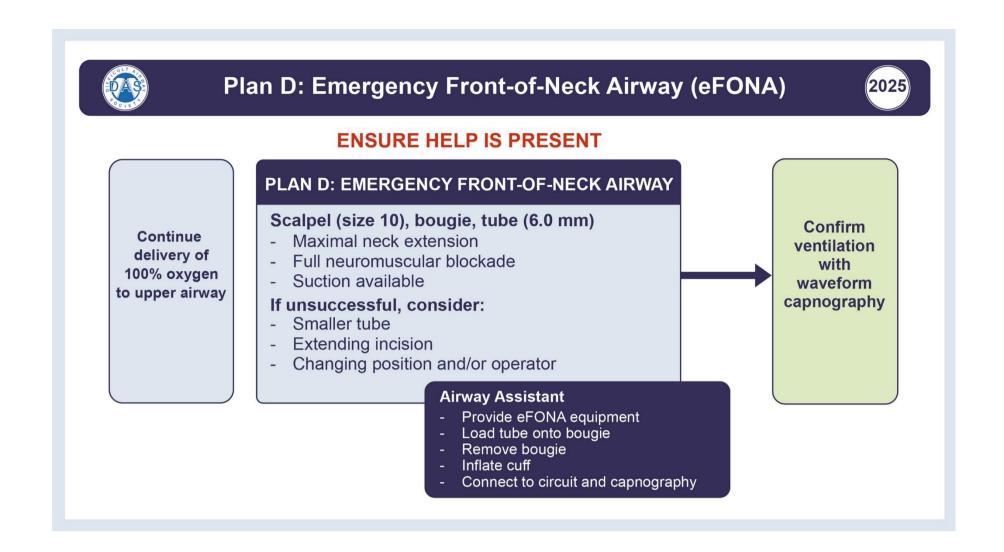


PLAN D

eFONA Action card

Transverse Stab Incision



If the cricothyroid membrane is impalpable, or if the palpability has not been assessed and technique determined, the 'Vertical Skin Incision' should be performed for eFONA as a default.

If the cricothyroid membrane has previously been assessed and determined as palpable (or marked with USS) a 'Transverse Stab Incision' can be performed for eFONA.

For both techniques, the scalpel should always be held in the operator's dominant hand and incisions made away from the nondominant hand.

Equipment



Help

Declare CICO, ensure full neuromuscular blockade

Oxygenate

Facemask / high flow nasal O₂/ SAD

Equipment

Scalpel (size 10), bougie, tube (6.0mm cuffed), suction

Position



Patient

Maximal neck extension, no rotation Pillow between scapulae

Operator

If right-handed – On the **left** side of the patient If left-handed – On the **right** side of the patient

Locate





Landmarks

Using **non-dominant** hand: Laryngeal handshake Locate cricothyroid membrane
Stretch skin, fix trachea: thumb & middle fingers

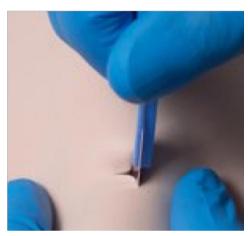


Stab Twist Bougie Tube



Stab

Hold scalpel in dominant hand Transverse stab incision, cutting edge towards you



Twist

Keep scalpel perpendicular to patient
Twist scalpel, cutting edge caudad
Traction on scalpel towards you, handle upright
Swap hands: hold scalpel with nondominant hand
Take bougie in **dominant** hand



Bougie

Hold bougie near angled coudé tip
Hold parallel to floor, perpendicular to trachea
Push bougie against far side of the blade
Insert and rotate through 90 degrees, towards feet
Advance to 10cm-15cm and remove scalpel



Tube

Stretch skin + stabilise trachea: Non-dominant hand Rotate tube through incision: Dominant hand Remove bougie and inflate cuff Ventilation: confirm waveform capnography



Check depth of tube and secure



Teaching framework scalpel for cricothyroidotomy

For use as a prompt when teaching.

Transverse Stab Incision (palpable cricothyroid membrane)

Communication	Completed?
Declare CICO and need for front of neck airway	Joinpicted:
Ensure help is present	
Confirm full neuromuscular blockade	
Rescue oxygenation	Completed?
Ensure attempts to oxygenate via upper airway are maintained:	Completed:
100% oxygen via Facemask ventilation/ high flow nasal oxygen/ SAD	
Equipment	Completed?
List and explain equipment:	•
Scalpel size 10 or 20 (broad blade similar width to tube)	
Bougie with angled tip	
Size 6.0 cuffed endotracheal tube	
10ml syringe	
Self inflating bag or circuit	
Suction	
Position	Completed?
Extend patients neck	
Stand on left hand side of patient if right handed (reverse if left handed)	
Technique*	Completed?
Perform laryngeal handshake with left hand	
Locate CTM with left index finger	
Stabilise larynx with left hand	
Use index finger to locate CTM	
Stretch skin over CTM using left thumb and middle finger	
Make transverse stab incision with cutting edge towards operator	
Apply gentle traction towards operator, twist blade through 90° (blade points	
towards feet) creating triangular hole	
Swap hands maintaining traction	
Keep scalpel perpendicular to skin	
Hold bougie near coude tip with dominant hand	
Position bougie parallel to floor and at right angles to the trachea Insert bougie using scalpel blade as a guide	
Rotate bougie to align with trachea and advance (to 10-15 cm)	
Note that clicks or hold up may be present	
Stabilise trachea and tension skin with non-dominant hand	
Rotate tube over bougie as it is advanced	
Remove bougie, inflate cuff & ventilate – confirm waveform capnography	
Check depth of tube and secure	
Progress to scalpel finger if unsuccessful	
Difficulties	Discussed?
Excessive lateral traction causing obstruction	Discusseu:
Scalpel slips out of trachea when creating triangular hole	
Scalpel not held perpendicular	
Inserting bougie vertically not horizontally	
· · ·	
Bougie inserted too deep	
Failure to rotate tube when railroading	
Inserting tube too deep	
Holding bougie instead of stabilising trachea on insertion	