

Cricothyrotomy (Surgical with Scissor/Tracheal Tube Inducer) Skill Documentation Form

Candidate (Print):

Date: _____

Examiner (Instructor or Licensed Provider):

Examiner Signature: _____

Pass_____ Fail _____

Task:	Correct	Incorrect
Recognizes inadequacy of ventilation, despite attempts to ventilate via BVM and failure to		
perform advanced airway placement with RSI		
Discuss indications for cricothyrotomy (can't intubate/can't ventilate, primary		
cricothyrotomy in severe angioedema or severe neck trauma)		
Assembles equipment for procedure (tube, gum boogie/tracheal tube inducer, suction,		
syringe, way to introduce tube, scissors, method of securing tube, 4x4's)		
Locates landmark: prominent thyroid cartilage of larynx and cricoid cartilage is 1-3cm below		
this - the cricothyroid membrane is between.		
Prep skin with NA approved cleanser; use sterile drapes if time permits.		
Palpate and maintain grasp on thyroid cartilage with non-dominant hand.		
Using surgical scissors, make a longitudinal 1-1.5cm cut through tissue over cricoid membrane		
Using the scissors, puncture through cricothyroid membrane, spread scissors, and place Gum Boogie into trachea.		
Slide ETT over Gum Boogie and into tracheal lumen inferiorly toward carina until balloon		
has passed through the incised opening and inflated.		
Remove Gum Boogie		
Place PEtCO2 and Auscultate chest/stomach to confirm placement, and tape securely.		
Secure ETT		
Verbalizes complications of procedure		

Note: any "incorrect" represents a skill failure

С	Critical Failure Criteria		
	Failure to establish an airway		
	Failure to perform any BOLDED step		
	Handling any instrument in a dangerous manner		
	Failure to achieve minimum points of 11 out of 14 points		
	Uses inappropriate affect with patient or examiner		
	Uses or orders a dangerous or inappropriate intervention		

NOTE: You must factually document any "incorrect" or critical failure criteria on back of this form