ENK Flow

PROCEDURE

STEPS

1. Confirm a failed airway: cannot intubate, cannot ventilate — keep trying BVM meanwhile
2. Place the needle cannula through the cricothyroid membrane per the needle jet procedure
3. Confirm tracheal placement — aspirate air freely with a syringe
4. Connect the ENK modulator to the cannula and the oxygen source
5. Set oxygen flow to the device instructions for use
6. Occlude the modulator port to deliver a breath — watch the chest rise
7. Release the port completely and watch the chest fall fully before the next breath
8. Secure the cannula (never let go of it), reassess, and move to a definitive airway

BEFORE YOU START

- Indication: transtracheal oxygenation when intubation and BVM ventilation have failed
- Needle Jet Airway is a P3 Paramedic III skill in the Mercy guidelines (p.194)
- Caution: if the chest cannot fall, gas is trapped — barotrauma risk rises with every breath

KIT YOU NEED

- ENK Flow Modulator set — stocked in the airway cabinet (guidelines equipment lists, pp.446–449)
- Needle cricothyrotomy cannula, syringe, oxygen source
- Securement, BVM backup, and a surgical airway kit

IF IT GOES WRONG

- No chest fall: stop, allow full exhalation, check the cannula for kinking or displacement
- Subcutaneous emphysema or no chest rise: cannula is not in the trachea — re-site or go surgical
- Falling SpO2: return to BVM and prepare the surgical airway — this is a bridge, not a fix

Take Home Message:

The ENK buys oxygenation through a needle cric — occlude to fill the chest, release and let it empty, and never stop moving toward a definitive airway.