Surgical Bougie Aided Cric

PROCEDURE

STEPS

1. Universal precautions (gloves, goggles, mask); have suction ready; place the patient supine; maintain C-spine stabilization
2. Clean the neck with antiseptic; stabilize the larynx with thumb and index finger; palpate the cricothyroid membrane; pull the skin taut
3. Make a 2 cm vertical incision at the cricothyroid membrane
4. Puncture through the cricothyroid membrane horizontally
5. Place the bougie with coude tip into the trachea, back-and-forth motion to feel tracheal clicking or carina hold-up
6. Place an endotracheal tube or Shiley over the bougie, just enough for the cuff to be inside the trachea
7. Inflate the cuff and secure the tube; ventilate with a BVM and 100% O2; observe lung expansion
8. Place capnography, auscultate lung sounds, cover the incision with an occlusive dressing; complete the Intubation Procedure Report; consider pain management and Procedural Tolerance

BEFORE YOU START

- Clinical indication: emergency airway access and control when the patient cannot be adequately ventilated or intubated (trauma or other causes)
- LAST RESORT — but recognized EARLY, when all attempts to ventilate the patient have failed
- Precaution — complications include: hemorrhage from great vessels, lacerations, damage to surrounding structures

KIT YOU NEED

- Bougie with coude tip; endotracheal tube or Shiley
- Suction equipment; antiseptic solution; BVM with 100% O2
- Capnography; occlusive dressing; PPE (gloves, goggles, mask)

IF IT GOES WRONG

- Complications: hemorrhage from great vessels
- Complications: lacerations and damage to surrounding structures
- Confirm with capnography and lung sounds before relying on the airway

Take Home Message:

When you cannot ventilate and cannot intubate, don't wait — bougie-aided cric is the last resort, recognized early.