Clinical Indications:
- Failed Airway Protocol
- Management of an airway when standard airway procedures cannot be performed.

Contraindications:
- Inability to identify the cricothyroid membrane.
- Children under the age of 8 years (Melker kits used locally are not designed specially for pediatric use, per the manufacturer).
- Burns or infection over the insertion site.
- Direct trauma obscuring the cricothyroid membrane.

Procedure:
1. Don appropriate protective gloves, mask and eye protection (a gown if possible).
2. Have suction and supplies available and ready (includes the cuff for any leaks by inflating and deflating the cuff prior to insertion).
3. Advance the handled dilator, tapered end first, into the connector end of the airway catheter until the handle stops against the connector. Use of lubrication on the surface of the dilator may enhance fit and placement of the airway catheter.
4. Identify the cricothyroid membrane between the cricoid and thyroid cartilages.
5. Prep the area with an antiseptic (Betadine).
6. Carefully palpate the cricothyroid membrane and while stabilizing the cartilage, make about a one inch vertical incision in the midline, through the skin and subcutaneous tissue.
7. Attach the supplied syringe (6 cc) to the introducer needle and advance the needle through the incision into the airway at a 45 – degree angle to the frontal plane in a caudad direction. Entrance into the airway can be confirmed by aspiration on the syringe, resulting in free air return.
8. Remove only the syringe from the needle, leaving the needle in place.
9. Advance the soft, flexible end of the wire guide through the needle and into the airway several centimeters.
10. Remove the needle, leaving the wire guide in place. Note: do not let go of the wire.
11. Advance the airway catheter/dilator assembly over the wire guide until the proximal stiff end of the wire guide is completely through and visible at the handle end of the dilator. It is important to continually visualize the proximal end of the wire guide during the airway insertion procedure to prevent its inadvertent loss into the trachea.
12. Maintaining wire guide position, continue to advance the airway catheter/dilator assembly over the wire guide with a reciprocating motion completely into the trachea. Take care in not advancing the tip of the dilator beyond the tip of the wire guide within the trachea.
13. Remove the wire guide and dilator simultaneously.
14. Inflate the cuff with 5-6 cc of air using a syringe and ventilate the patient while manually stabilizing the tube.
15. All of the standard assessment techniques for insuring tube placement should be performed (auscultation, chest rise and fall, end-tidal CO2 detector, etc.). Esophageal bulb devices are not accurate with this procedure. If available, apply capnography and record readings on scene, enroute to the hospital and at the hospital.
16. Secure the tube.

Local Requirements:
- Complete an annual skill review inclusive of the indications, contraindications, technique and possible complications of the procedure.

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