



Emergency Front of Neck Access: Stab, Twist, Bougie, Tube



Failed intubation, failed oxygenation in the paralysed, anaesthetised patient

CALL FOR HELP

Continue 100% O₂ Declare CICO

Plan D: Emergency front of neck access

Continue to give oxygen via upper airway Ensure neuromuscular blockade Position patient to extend neck

Scalpel cricothyroidotomy

Equipment: 1. Scalpel (number 10 blade)

- 2. Bougie
- 3. Tube (cuffed 6.0mm ID)

Laryngeal handshake to identify cricothyroid membrane

Palpable cricothyroid membrane

Transverse stab incision through cricothyroid membrane

Turn blade through 90° (sharp edge caudally)

Slide coude tip of bougie along blade into trachea

Railroad lubricated 6.0mm cuffed tracheal tube into trachea

Ventilate, inflate cuff and confirm position with capnography

Secure tube

Impalpable cricothyroid membrane

Make an 8-10cm vertical skin incision, caudad to cephalad

Use blunt dissection with fingers of both hands to separate tissues

Identify and stabilise the larynx

Proceed with technique for palpable cricothyroid membrane as above

Post-operative care and follow up

- · Postpone surgery unless immediately life threatening
- Urgent surgical review of cricothyroidotomy site
- · Document and follow up as in main flow chart







Remember:

- 1. Declare CICO, call for help!
- 2. Ensure neuromuscular blockade
- 3. Continue rescue oxygenation (FM, SAD, HFNO)
- 4. Equipment (eFONA box)
- 5. Position



Stab Twist Bougie Tube

Scalpel Finger Bougie Technique



Stab

Transverse incision: right hand



Twist

Keep scalpel perpendicular to patient Twist scalpel, sharp side towards feet Traction on scalpel towards you, handle upright Swap hands: hold scalpel with left hand Take bougie in right hand



Bougie

Hold near angled tip: right hand
*Parallel to floor, perpendicular to trachea
Push bougie against far side of blade
Insert and rotate through 90° towards feet
Advance to 10cm



Tube

Stretch skin + stabilise trachea: left hand Rotate tube through incision: right hand Inflate cuff, check ventilation: CO₂ Check depth of tube and secure



Cut

8-10cm vertical skin incision From sternal notch towards chin



Finger dissection of soft tissues

Use both hands to pull strap muscles apart Identify cricothyroid membrane
Stabilise trachea: left hand



Stab twist bougie tube

Transverse incision: right hand Twist scalpel, blade towards feet Stabilise trachea: left hand Railroad size 6 tube over bougie to 10-15cm Inflate cuff



Check

Ventilation: waveform CO₂ Check tube depth Secure the tube