

## Rusch® QuickTrach® Emergency Cricothyrotomy Kit Skill Competency

The Rusch® QuickTrach® Emergency Cricothyrotomy Kit from Teleflex is an ideal temporary emergency airway device that allows quick and safe ventilation of a patient in the presence of acute respiratory distress with upper airway obstruction.

### Training objectives:

Upon completion of the skill competency, the student should be able to:

1. List indications for the QuickTrach Cricothyrotomy Kit
2. Determine appropriate size for the QuickTrach Cricothyrotomy Kit
3. Describe/demonstrate procedures and patient positioning for insertion of the QuickTrach Cricothyrotomy Kit
4. Successfully insert the QuickTrach Cricothyrotomy Kit and ventilate patient appropriately
5. List examples of acute upper airway obstruction

### Preparation:

1. Identify indications for use of the QuickTrach Cricothyrotomy Kit
  - a. Rescue device for failed airways
  - b. Acute upper airway obstruction that cannot be relieved by other airway maneuvers
2. Identify examples of acute upper airway obstruction
  - a. Epiglottitis
  - b. Laryngospasm
  - c. Facial trauma/burns
  - d. Laryngeal edema
  - e. Fractured larynx
  - f. Foreign body obstruction
3. Identify components of the QuickTrach Cricothyrotomy Kit
  - a. 1 QuickTrach Syringe with stopper
  - b. 1 Connecting tube with 15 mm adapter
  - c. 1 Cushion neckband

### Insertion Procedure\*:

1. Demonstrate body substance isolation (BSI) procedures
2. Select appropriate size for the QuickTrach Cricothyrotomy Kit
  - a. 2.0 mm for patients
  - b. 4.0 mm for patients
3. Place patient in a supine position and assure stable positioning of the neck and hyperextend the neck (unless cervical spine injury suspected).

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4. Secure the larynx laterally between thumb and forefinger. Fine the cricoid membrane (in midline between the thyroid cartilage and the cricoid cartilage). This is the puncture site.
5. Prep site by vigorously scrubbing with appropriate prep solution.
6. Firmly hold device and puncture the cricoid membrane at a 90 degree angle.
7. After puncturing the cricoid membrane, check the entry of the needle into the trachea by aspirating air through a syringe. If air is present, the needle is within the trachea.
8. Now change the angle of insertion to 45 degrees (from the head) and advance the device forward into the trachea to the level of the stopper. The stopper reduces the risk of inserting the needle too deeply and causing damage to the rear wall of the trachea.
9. Should no aspiration of air be possible because of an extremely thick neck, it is possible to remove the stopper and carefully insert the needle further until entrance into the trachea is made.
10. Remove stopper. After stopper is removed, be careful not to advance device further with needle still attached.
11. Hold the needle and syringe firmly and slide only the plastic cannula along the needle into the trachea until the flange rests on the neck. Carefully remove the needle and syringe.
12. Secure the cannula with the neck strap.
13. Apply connecting tube to 15 mm connection and connect the other end to BVM resuscitation bag or ventilation circuit.
14. Ventilate patient.

*\*These instructions are for training purposes only to help familiarize one with the handling of the product and do not represent the product's full instructions for use, including its associated cautions and warnings. For a copy of complete instructions, please contact your Teleflex EMS Sales Representative.*

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## Rusch® QuickTrach® Emergency Cricothyrotomy Kit Skills Evaluation

Task	Successful	Needs additional training
1. Describe and demonstrate body substance isolation (BSI)		
2. Select appropriate size for the QuickTrach Cricothyrotomy Kit		
3. Position patient supine with hyperextended neck (unless cervical injury suspected)		
4. Secure larynx with thumb and forefinger and locate cricoid membrane		
5. Puncture cricoid membrane at a 90 degree angle		
6. Check placement by aspirating air through a syringe		
7. Change angle of insertion to 45 degrees and advance to the level of the stopper		
8. Remove stopper. Do not to advance device further with needle still attached		
9. Slide plastic cannula into the trachea until flange rests on the neck. Remove needle and syringe		
10. Secure cannula and apply connecting tube to BVM resuscitation bag or ventilation circuit		
11. Continue ventilating.		

Name \_\_\_\_\_

Date \_\_\_\_\_

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## Rusch® QuickTrach® Emergency Cricothyrotomy Kit Quiz

1. The QuickTrach Cricothyrotomy Kit is available in 3 sizes.  
True or False
2. Patients neck should be hyperextended unless cervical injury is suspected.  
True or False
3. The QuickTrach Cricothyrotomy Kit comes complete with the following contents:
  - a. QuickTrach Kit with stopper, Connecting tube with 15 mm adapter, Cushion neckband
  - b. QuickTrach Kit with stopper, Syringe and Neckband
  - c. QuickTrach Syringe with stopper, Connecting tube with 15 mm adapter, Cushion neckband
  - d. QuickTrach Kit, Syringe, Stopper and Wristband
4. Which of the statements about the QuickTrach Cricothyrotomy procedure are correct?
  - i. Hold device firmly and puncture cricoid membrane at a 45 degree angle
  - ii. Secure the larynx laterally between thumb and forefinger
  - iii. Check the entry of the needle into the trachea by aspirating air through the syringe
  - iv. Slide plastic cannula into the trachea until flange rests on the neck
  - a. i, ii & iii
  - b. ii, iii & iv
  - c. i, iii & iv
  - d. All of the above
5. Puncture site is in the midline between the thyroid cartilage and the cricoid cartilage.  
True or False
6. If there is no aspiration of air through the syringe, you should:
  - a. Remove the stopper and place it in the tracheal hole
  - b. Advance the needle as far as it will go
  - c. Remove the stopper and carefully insert the needle further until into the trachea
  - d. Get another QuickTrach Cricothyrotomy Kit and try again
7. After removing the stopper hold needle and syringe firmly, slide only the plastic cannula into the trachea.  
True or False
8. Provide supplemental oxygen via nasal cannula.  
True or False
9. Connecting tube should connect to the 15 mm connection on one end and to the BVM on the other end.  
True or False
10. Which one of the choices below are examples of acute upper airway obstruction?
  - a. Foreign Body Obstruction, Pitting edema, Epiglottitis
  - b. Laryngospasm, Facial Burns, Fractured Larynx, Foreign Body Obstruction
  - c. Facial Trauma, Laryngospasm, Tonsillitis, Fractured Larynx

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