

TRACHEOSTOMY

Tracheostomy materials;

- Outdoor set
- Test-fit components (injector, needle, wire, tracheostomy tube and dilator).
- Sterile Gloves
- Sterile Cover



Application

- Cartilages are stabilized by the head and middle finger of the non-dominant hand.
- The cricothyroid membrane is palpated and marked.
- A vertical incision is formed in the midline between the two cartilages, including skin and subcutaneous
- If this is done in a conscious patient, local anesthesia should be injected into the skin and subcutaneous tissue on the cricothyroid membrane.
- Keep the larynx still with the thumb and the long finger and identify the cricothyroid gland with the tip of the forefinger.
- Bring the cricothyroid membrane to 45 degrees with a thin-walled needle attached to a syringe containing saline or sterile water
- Aspirate air bubbles to confirm the needle in the airway
- Thread the wire through the needle
- Remove the needle
- Use the scalpel to enlarge the opening around the wire (1 cm vertical incision to facilitate dilator passage)
- Pass the dilator/airway over the wire to the airway
- Inflate the head of the tracheostomy tube and remove the dilator.
- Insert the breathing circuit into the cricothyrotomy tube and start ventilation.
- Confirm breathing sounds, chest movements and ETCO₂ tube location
- Secure or suture the tube in place.