

Can't Intubate Can't Oxygenate (CICO) Emergency Protocol

Best attempt at ventilation:



Bag/Mask Ventilation



LMA Ventilation



Intubation & Ventilation

Low/falling O₂ saturations PLUS

Chest not
moving

No fogging

No etCO₂



- 1) Declare CICO emergency
- 2) Call for difficult airway trolley
- 3) Open CICO kit → proceed to cricothyroidotomy

NEEDLE Technique

14G cannula
5mL syringe
10mL saline
Rapid O₂ insufflator



SCALPEL Technique

Scalpel
Size 6.0 ETT
Bougie



Can't Intubate Can't Oxygenate (CICO) Emergency Procedures

NEEDLE Technique

1. Assemble the syringe-saline-cannula as a unit
2. Stabilize the cricothyroid membrane with your LEFT hand
3. Advance the needle through the skin at 45° caudad angulation
4. "Aspirate as you go" until air fills up the full barrel of the syringe
5. Stabilize the needle by resting your RIGHT hand against the patient
6. Advance the cannula into the trachea & remove the needle
7. **DO NOT RELEASE CANNULA HUB FOR REMAINDER OF THE PROCEDURE**
8. Repeat free aspiration of air
9. Connect Rapid O2 Insufflator & occlude sideport to deliver breaths
10. Deliver an initial 4-sec breath followed by 2-sec breaths every 30 seconds (aim for SpO₂ 80-85%)
11. Wake patient up **OR** convert to Melker Cricothyroidotomy tube

SpO₂ not improving?
Consider ...

- Re-wiring cannula (if kinked)
- Replacing cannula (if misplaced)
- Covering mouth/nose (if insufflated O₂ is escaping)
- If all else fails ... convert to SCALPEL Technique

SCALPEL Technique

1. Stabilize the cricothyroid membrane with your LEFT hand
2. Hold scalpel in your RIGHT hand
3. Make a transverse stab incision through the membrane
4. Rotate the blade so that the cutting edge points caudally
5. Pull the whole scalpel towards you to create a triangular hole
6. Switch hands without letting go of the scalpel
7. Slide the bougie tip down the scalpel blade into the trachea
8. Remove the scalpel and advance the bougie down into the trachea
9. Railroad a lubricated 6.0 ETT into the trachea using a continual rotating motion
10. Inflate the cuff and ventilate using the standard anaesthetic circuit