

PERFORM A SURGICAL CRICOTHYROIDOTOMY

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLE: II
REFERENCE: STP 8-68W13-SM-TG, Task: 081-833-3005, Perform a Surgical Cricothyroidotomy

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.
PRINCIPAL PURPOSE: To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.
ROUTINE USES: Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.
DISCLOSURE: Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

1. **Soldier** (Last Name, First Name, MI) 2. **Date** (YYYYMMDD)

SCENARIO:

During a night patrol, your infantry squad receives incoming mortar fire. As the squad dives for cover, you notice one of the Soldiers receives a massive facial wound from flying shrapnel. Once the area has been secured, you move forward to assess the patient. The patient has an altered level of consciousness and is not breathing. You must perform an emergency surgical cricothyroidotomy to establish an airway and support ventilations.

GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
3. Performance Measures						
a. Took body substance isolation precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identified the cricothyroid membrane between the cricoid and thyroid cartilages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cleaned the site with alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stabilized the larynx with nondominant hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Made a 1 ½ inch vertical incision through the skin over the cricothyroid membrane.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Maintained the opening of the skin incision by pulling the skin taut with fingers of the nondominant hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inserted the end of the endotracheal tube into the trachea and directed it towards the lungs ¼ inch beyond the cuff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Inflated the cuff with 10 ml of air.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Assessed patient for spontaneous respirations (must count for 10 seconds).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Applied pulse oximeter to patient, if available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Auscultated lung fields and watched for rise and fall of the chest, to confirm tube placement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Applied a dressing around the tube.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Secured the device to the patient around the patient's neck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Documented treatment on DD Form 1380 [Tactical Combat Casualty Care (TCCC) Card].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Demonstrated Proficiency Yes No

5. Start Time **6. Stop Time** **7. Initial Evaluator**

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**PERFORM A SURGICAL CRICOTHYROIDOTOMY
GRADING SHEET (cont'd)**

8. Start Time	9. Stop Time	10. Retest Evaluator
11. Start Time	12. Stop Time	13. Final Evaluator

14. Evaluator's Comments