



## Bougie Nights: The Surgical Airway Revisited

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### ✓ Rapid Procedure Review

#### Open Technique

1. Prep the neck and ensure all necessary materials are within reach.
2. Palpate the larynx and identify thyroid cartilage, cricoid cartilage, and cricothyroid membrane if possible.
3. Make a vertical midline incision approximately 3cm over where you believe the cricothyroid membrane is.
4. Make a horizontal incision through the cricothyroid membrane and place either your finger or a bougie into the trachea to maintain patency of your tract.
5. Place the Endotracheal or tracheostomy tube into the trachea.
6. Inflate the cuff and check that you are in the trachea by listening for breath sounds, noting color change on the capnography, etc.
7. Secure the airway with trach tape or collar wrap and place patient on mechanical ventilation.

## Seldinger Technique

1. Prep the neck and ensure all necessary materials are within reach.
2. Palpate the larynx and identify thyroid cartilage, cricoid cartilage, and cricothyroid membrane if possible.
3. Place an 18 gauge or larger needle on a 10cc syringe filled halfway with saline.
4. Make a puncture midline over the cricothyroid membrane and apply negative pressure on the plunger until air bubbles are seen flowing into the saline.
5. Remove the syringe and keep the needle in place within the trachea.
6. Thread a guidewire through the needle and then make a skin incision to allow for the dilator.
7. Remove the needle and pass the dilator and airway catheter as one unit over the guidewire into the trachea.
8. Remove the guidewire and dilator together, leaving the airway catheter in place.
9. Inflate the cuff and check that you are in the trachea by listening for breath sounds, noting color change on the capnography, etc.
10. Secure the airway with trach tape or collar wrap and place patient on mechanical ventilation.



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