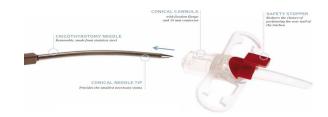
Quicktrach Protocol



Description: The **Rusch® QuickTrach® Cricothyrotomy Kit** is an ideal emergency airway device that allows quick and safe ventilation in the presence of acute respiratory distress with upper airway obstruction. The QuickTrach Cricothyrotomy Kit consists of a pre-assembled emergency cricothyrotomy unit with a 10 mm syringe attached to a padded neck strap and a flexible connecting tube. A removable safety stopper provides a barrier that reduces the chances of perforating the rear wall of the trachea, and the conical needle tip provides the smallest necessary stoma. Tracheal entry can be confirmed by aspirating air through the syringe. After confirming correct placement, the flexible connecting tube can be used for immediate ventilation.

- Rescue device for failed airways
- Preassembled and ready to use
- Available in two sizes
- Conical plastic cannula with fixation flange and 15 mm connector
- Removable stainless steel cricothyrotomy needle
- Removable safety stopper
- Sterile
- Single-use

Indication:

 Quicktrach is a sterile emergency cricothyrotomy device used to avoid the risk of suffocation in case of upper airway obstruction if intubation is impossible or tracheotomy cannot be preformed safely or quickly enough.

Contraindications:

Not known.

Safety Instructions:

• Constantly check ventilation by standard techniques or chest movements. In case of expiration problems reduce ventilation frequency to avoid the risk of barotrauma.

Warning:

The product must only be used by trained personal.

Instructions how to use:

 Hyperextend the head of the patient. Locate the cricothyroid membrane by palpation of the depression between the thyroid and cricoid cartilage. Stabilize this point with index finger and

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- thumb for puncture. Puncture the cricothyroid membrane in a 90 degree angle. Due to the sharp and conical needle tip, a prior incision is not necessary. The opening of the trachea is obtained by dilation which reduces the risk of bleeding.
- Insert the quicktrach in a 45 degree angle further towards the trachea up to the stopper. The stopper helps to prevent the needle from being inserted to deep, helping to avoid a possible perforation of the rear tracheal wall. Aspirate air with the syringe to determine the position of the cannula. If this is possible, the needle tip is in the trachea. Should aspiration of air be impossible because of an obese neck, then remove the stopper and carefully advance the cannula with the metal needle until it is possible to aspirate air. Proceed acording to the instuctions
- Remove the stopper from the cannula.
- Advance the plastic cannula along the needle until the flange rests on the neck. The metal needle serves as a guide and must not be inserted further. Now the metal needle can be removed. Discard in sharps container.
- Secure the plastic cannula with the foam necktape. Ventilate the patient directly via the 15mm standard connector or via the included connecting tube.

