

Steps to performing a Scalpel-Finger-Bougie (SFB) Cric

Modified Version of the Checklist from Alia Dharamsi et al.

1. Identify necessary materials for SFB-Cric: bougie, scalpel, size 6.5 ETT (or 6-0 portex trach), & 10cc syringe
2. Provide supraglottic oxygenation, if time permits
3. If space allows, position yourself on the same side of the patient as your dominant hand (Right hand dominant, stand on Patient's right side)
4. Palpate up from sternal notch to find cricoid cartilage and palpate down from mandible to identify the superior margin of thyroid cartilage. Palpate for the cricothyroid membrane (CTM)
5. If time allows, clean neck with sterilizing solution or swabs
6. With your non-dominant hand, stabilize the larynx using thumb and middle finger and palpate CTM with index finger.
7. With scalpel in dominant hand, make a vertical incision from thyroid cartilage to bottom of cricoid cartilage. If no palpable anatomy, extend incision toward sternal notch
8. Palpate through incision to confirm CTM, then point at ceiling with non-dominant index finger.
9. Puncture CTM and extend incision laterally in both directions without removing blade
10. Remove blade & insert non-dominant index finger into incision until fingertip touches back wall of cricoid, with ring of cartilage around finger
11. With dominant hand, slide bougie into incision space along the pad of index finger
12. Railroad ETT over bougie until cuff is no longer visible above cricothyroid membrane
13. Remove bougie
14. Inflate Cuff
15. Attach ETT to ETCO₂ and then BVM to confirm tube placement
16. Assess for appropriate tube placement: auscultate both lungs, X-ray if time allows
17. Secure the tube