**Logged Tracheostomy Tube**

- Remove inner cannula if present
- If no inner cannula:
  - Deflate the cuff (via pilot line)
  - Call a **CODE BLUE/MET/MER**
  - Apply oxygen via nose/mouth and tracheostomy
  - Introduce 5mls of saline and suction immediately

**If tube remains blocked:**

- > 7 days post initial insertion, consider tube change (if trained in tube changes)
- < 7 days post initial insertion, do NOT change the tube. Wait for MET team
- Apply saline nebuliser and continue to suction

**Alert:** a partially blocked TT is a pending emergency.

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**Partially Blocked Tracheostomy Tube**

- Remove inner cannula if present
- If no inner cannula:
  - Introduce 5mls of saline and suction immediately (repeat until tube is clear)
  - Deflate the cuff (via pilot line)
  - If unable to clear the tracheostomy, revert to procedure for a 'Logged Tracheostomy Tube'

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**Specialist Airway Responders**

<table>
<thead>
<tr>
<th>Tracheostomy Tube Information</th>
<th>Updated_______</th>
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<tbody>
<tr>
<td>Patient ______________________</td>
<td>UR __________</td>
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<tr>
<th>Insertion method (circle)</th>
<th>Surgical</th>
<th>Percutaneous</th>
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<th>Date of insertion</th>
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<tr>
<th>Current Tube Size</th>
<th>_______</th>
<th>Cuff (circle)</th>
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<th>Laryngoscopy grade</th>
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<th>Obstructed upper airway (circle)</th>
<th>Yes</th>
<th>No</th>
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<th>Comment</th>
<th>______________________</th>
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A Specialist Airway Responder is a physician or surgeon with an advanced airway skill level e.g. Anaesthetist, Intensivist, ENT specialist, Thoracic Surgeon or Maxillofacial Surgeon.

Refer to Advanced Airway Management Algorithm on MET/Resus trolley

**CODE BLUE:** In the event that Anaesthesia support does not present as per the response team requirement, and is needed, call Anaesthesia Senior in Charge (SIC) on ext 3186.

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**Accidental Decannulation**

- Call a MET, MER or CODE BLUE
- > 7 days post initial insertion, experienced staff can reinsert the tube
- < 7 days post initial insertion, do NOT reinsert tube. If long blue stay sutures present, pull inferiorly to keep stoma open while waiting for MET
- Apply oxygen via nose/mouth and tracheostomy stoma if required

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**Bleeding From Tracheostomy**

- Inflate cuff (via pilot line)
- Sit patient up
- Apply oxygen
- <10mls bright blood activate **Urgent Clinical Review**
- >10mls bright blood call a MET/ notify surgeon responsible for inserting TT
- If major bleeding/ resp. distress **CODE BLUE**
- Recommend CT angiogram neck to exclude possibility of a trachea-arterial fistula

**Alert:** Hyperinflation of TT cuff +/- direct digital compression may help in the event of catastrophic bleeding